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ABSTRACT

This study defines child advocacy and considers what it can and should become. The contents of the study are divided into the following chapters: Background of Child Advocacy; National Picture; Proposed Focus for Child Advocacy; Advocacy in Action; Program Variables and Search for Results; Overview and Recommendations. The project, supported by a grant from the Children's Bureau, U.S. Department of Health, Education, and Welfare, indicates that many activities and projects which are labeled child advocacy are in no sense new or different from what has occurred in the children's field for a long time. The study defines the unique activity called child advocacy as intervention on behalf of children with those services and institutions that serve children or impinge on their lives. It is action that focuses on transactions between individuals and institutions or among institutions as they determine the immediate circumstances of children and families. These services and institutions begin where the family leaves off. Whereas child welfare's primary concern is interventionwith secondary institutions such as schools, juvenile courts, health programs and child welfare programs. Child advocacy is thus a shorthand term for advocacy on behalf of families and children. (WSK)

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Child Advocacy

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Report Of A National Baseline Study

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CHILD ADVOCACY

Report of a national baseline study

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Office of Child Development
Children's Bureau

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Introduction

[To The Governor]

Your Honor:

May I bring to your attention a bit of shocking news?

At the present time I am an inmate in the county jail. . . .

Today a child of 12 years old was placed in custody of the Warden of this jail by court order of a Judge presiding here.

Now I ask you, should a child be placed behind bars (in a maximum security cell) when other means of corection are presently avalible for persons of such a young age?

I have been in contact with the U.S. Department of Justice, Bureau of Prison, and have conveyed this information to Mr. Norman A. Carlson, Director of the Bureau for investigation in this matter.

I know not wheather there is a phycological reason for the placing of this child in a maximum security jail, but by past experience I have learned that no matter what the reason, placing a child in jail only hurts the mind rather than helps it.

May I suggest that an investigation be progressed in this matter not only to look into the correctional system of this state but also into its Judicial system.

I am quite sure I will be offically reprimanded for taking action on this matter but when the welfare of our children is so misused I think its time that someone should get involved!

Sincerely

Advocacy on behalf of children is not usually initiated so dramatically. But it always requires that someone cares about children or is strongly motivated by a sense of fairness or law.

The boy described in the letter was in the custody of an outstanding state department of child welfare, in a state that has widely recommended and humane legislation prohibiting the jailing of juveniles. Yet because an appropriate placement was not available for him, the state department of child welfare, the local child welfare institution in which the boy had been placed, the county sheriff, and the boy's parents all concurred in the decision to place the boy in jail temporarily in violation of the state's juvenile court act. After a weekend in jail, the boy was placed in the psychiatric division of a hospital. The prisoner's letter was forwarded from the governor's office to the executive director of the state commission on children, but it arrived too late to affect the specific situation that inspired it.

However, the commission's executive director believes that her responsibilities go well beyond intervention into specific cases. First, she contacted the deputy director of the responsible department (which was represented on the commission) and reminded him that his department had supported the legislation to raise the age limit for jailing juveniles. Then, in no uncertain terms, she suggested that he remind his staff of the prohibition against jailing children which appears in the state's juvenile court law and that he insist on compliance. She also recommended that he meet with representatives of placement agencies to develop more satisfactory ways of coping with similar emergencies in the future.

Finally, she reminded all participants in the incident—the county's chief probation officer, the county sheriff, and the director of the child welfare institution—that they had violated the state's juvenile court law. Her statements were clear and firm: a child's rights had been disregarded and such acts would not be tolerated in the future.

Intervention into families or programs to assist and protect children may take many forms, and its theory and practice have developed over time. Once again, however, for a variety of reasons, many people are asking: How can a society assure that its services for children will be sufficient, relevant, responsive, and effective?

The field of children's services has a long tradition of monitoring programs, evaluating problems and needs, initiating new programs and facilities, and legislative lobbying. Indeed, a national field of children's services was developed to carry out these functions before World War I.

But the children's field, like all organized governmental and private activities, has gone through many periods of consolidation and preoccupation with organizational and professional matters. This is natural, given the vast operational responsibilities involved in programs such as education, child health, foster care, mental health, nutrition, and the like. Processes must be identified, skills and knowledge must be specified, personnel must be trained, and credentials must be set. Through bureaucratization and professionalization the field may improve and upgrade its services, but it also runs the risk of becoming preoccupied with protecting its sphere of influence. Program consolidation may lead to better services for individuals, but it also may encourage fragmentation among programs. Thus from time to time, and generally in the context of broad initiatives for social reform, an effort is made to shift the balance from consolidation to change, from perfecting an individual technique or agency process to improving or renewing systems.

Child advocacy appeared during such an era of social reform—the late 1960s. The concept was attractive because it combined the promise of needed change with a lack of specificity; i.e., it represented a kind of social venture capital. It was soon identified as an activity that might be financed. Thus child advocacy understandably took many forms and had many sponsors—it was a banner behind which to rally, a funding bandwagon on which to ride, and a gimmick to exploit. But it also represented a series of efforts to cope with children's unmet needs in one or more of the following ways: affirming new concepts of legal entitlements; offering needed services in areas where none existed; persisting in the provision of services when other more conventional programs dropped cases; assuring access to entitlements and help; mediating between children or families and institutions such as schools, health facilities, and courts; and facilitating self-organization among deprived community groups, adolescents, or parents of handicapped children.

By the spring of 1971 it was clear that some kind of movement was developing. President Nixon had assigned to the Office of Child Development (OCD), U.S. Department of Health, Education, and Welfare (HEW), the mission of establishing a National Center for Child Advocacy. OCD and other federal agencies were funding experiments, demonstrations, explorations, and research under the general heading "child advocacy"—as were some private foundations and local funding sources. But it was also clear by then that whatever child advocacy was to be—movement, field, or program component—it was neither defined nor understood. There was no basis for separating the old-with-a-new-name from the new. And because the initiatives were widespread, there was no central source of information.

In this context, we undertook a national baseline study to (1) identify what was developing under the label "child advocacy" and (2) seek some conceptual order in the domain, if a domain it proved to be. This book is a report of our findings.

Although summaries and generalizations exclude most of what is important, the reader should know at once that we reached the following conclusions:

1. Although many activities and projects labeled child advocacy are in no sense new or different, it is possible to identify numerous projects, programs, and activities that appear to embody an approach which can appropriately be called child advocacy.

2. Despite ambiguity, confusion, and some gimmickry, child advocacy also has inspired some valuable activities and trends that are too promising to give up.

3. Because children are often short-changed by American society, broad social action and policy initiatives on behalf of children are desperately needed and of highest priority. To get Americans to rally to the cause of children may require charisma, spontaneity, and confrontation tactics. Initiatives will and should take place in many ways and through many channels, and they usually cannot and should not be standardized, bureaucratized, coordinated, or ordered. For the most part, these activities will not be contained within formal advocacy systems. Therefore, much of the necessary social action and policy initiatives cannot be funded by governmental programs or tax-exempt foundations. Nevertheless, some help and encouragement is possible from funding sources and even governmental programs.

4. In addition to social action and policy initiatives on behalf of children that cannot be planned, coordinated, or centrally funded, there are many essential advocacy functions that can be identified and provided on a regularized basis. Some of these regularized activities focus on assuring help or service to families or individuals who need it (case advocacy); others focus on changing policies, procedures, personnel, rules, laws, and so forth (class advocacy). Therefore, this type of regularized and planned advocacy ranges from direct service to social action.

5. In this latter sense—i.e., creating, opening, improving, and changing programs—child advocacy is what policy-makers often call a service strategy. Although it is no substitute for money or broad social policy, it can be effective and important nonetheless.

6. The case and class advocacy function deserves to be nurtured, supported, guided, and carefully assessed because it may fill an important gap in social provision on behalf of children. We define child advocacy in this sense as *intervention on behalf of children*

in relation to those services and institutions that impinge on their lives.[1]

7. Child advocacy, in the sense of a regularized case- or class-focused function, may be a specialized role or a component of another role. It requires professionals, paraprofessionals, and volunteer laymen and involves roles for both staff and board members. It has relevance for a variety of disciplines and professions, and it belongs in both public and voluntary sectors on various geographic and governmental levels.

8. Although we note the emergence of a promising phenomenon and identify what we think could be the continuing advocacy function, we do not exaggerate the state of the art. The goals of child advocacy are general, and specifics are not easily set. Knowledge about the consequences of structuring agencies in alternative ways and of the auspices under which these agencies might operate to carry out advocacy is limited. Conventional wisdom about such matters may be wrong. Methods and processes are unstudied and underdeveloped; evaluations are often premature and off-target. In short, friends of children and proponents of child advocacy have serious work to do.

This report offers some glimpses of child advocacy, several primitive conceptual schemes, and hypotheses about critical variables that will shape advocacy in the future. Our ongoing research focuses on (1) conceptualization of the advocacy process in community-based programs (McGowan) and (2) development of guidelines, criteria, and a timetable for evaluating programs in the field of child advocacy (Kamerman).

Our findings about the nationwide advocacy phenomenon are based on data from three types of questionnaires, case studies, interviews, and relevant professional literature. We have been blunt in this introduction to give our readers a compass as they review the several facets of our empirical work. Although many readers may be skeptical at this point, we also hope they are curious about the evidence. We have taken an independent position on a subject about which there are strong, contrary positions. However, we did so only after the most comprehensive survey attempted to date.

In developing policy proposals, we have confronted our data with a conscious philosophy about children's rights and society's responsibilities. We have requested information and advice from federal, state, and local officials; professional leaders in the many disciplines that serve children; and hundreds of people engaged in diverse activities that fly the banner of child advocacy.

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[1] For a more complete definition, *see* p. 62.

We value the guidance and information received from these sources and assume full responsibility for the manner in which the information has been used. We especially appreciate the fact that busy directors and staff members of the many programs we visited were willing to share their experiences and problems. We are grateful to the members of the Ad Hoc Interagency Committee on Child Advocacy, convened periodically by OCD in Washington, whose members were most cooperative in facilitating access to many governmental programs funded by different federal agencies. Most important, we want to thank the Office of Child Development, which facilitated this national baseline study of a new phenomenon in which it has considerable program stake with full recognition that we would "tell it like it is." We trust that our findings and policy proposals will contribute in some small way to OCD's mission on behalf of America's children and to the missions of related agencies whose total planning and service output can do much to shape the destiny of children, families, and communities throughout this land.

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1. The Background of Child Advocacy

This study describes what child advocacy is and considers what it can and should become. Experience has shown us that the picture is neither accurately perceived nor adequately assessed without some background exploration. We have been asked, for example: "Isn't the child advocacy development a rebirth of antipoverty community action?" It is in some places. Or "Doesn't advovacy require a legal service?" Occasionally. Or "Isn't child advocacy a new label for child welfare protective services?" Sometimes.

Mental health practitioners, influenced by the Joint Commission on Mental Health of Children, tend to define child advocacy in expansive terms: "Child advocacy is a planning, coordinating, and monitoring system on each level of government to assert priorities on behalf of children." Our comment is: This system has been proposed but is hard to find.

Child advocacy is also described as providing a reaching out or counseling service, serving as mediator or gadfly between children and a service system that is unreceptive, or studying needs of children in what are called "health catchment areas" as a prelude to initiating or supporting new programs.

From some perspectives child advocacy can be viewed as a cluster of recent undertakings by mental health professionals, educators, workers in delinquency control, child welfare personnel, and other citizens who support institutional reform and change. Or child advocacy can simply be a popular term some people apply to all the good things they want to do for children.

To sort out the components of the child advocacy phenomenon, prepare a more accurate picture of its development, and provide some perspectives for the future, we will first look briefly at the several strands from which the "movement" seems to have emerged.

The concept of child advocacy was born during President Lyndon Johnson's Great Society and took institutional form during the administration of President Richard Nixon. However, it would be recognizable to a diversity of ancestors.

Concepts, like styles of clothing and popular music, can be in or out of fashion. In recent years, the concept of advocacy has enjoyed a new wave of popularity, but some observers of social policy already sense a change. Historically, advocacy has existed as long as there have been powerless groups in need of a champion. The self-advocacy of suffragettes and the class advocacy of social reformers are as integral a part of American history as the more traditional form of legal advocacy. Recently consumer, health, and family advocacy programs have mushroomed. Among these, child advocacy is perhaps the latest manifestation.

Whether child advocacy per se should be regarded as a new concept, an old concept whose time has come, or simply a new label for what has been going on for years can be settled only through study and definition. However, it has four immediate, specific antecedents: the Report of the Joint Commission on Mental Health of Children, published in 1969; the establishment of the Office of Child Development (OCD) the same year; the 1970 White House Conference on Children and Youth; and the formation of OCD's subunit, the National Center for Child Advocacy, in 1971.[1]

IMMEDIATE ANTECEDENTS

The establishment of a child advocacy system was one of the major recommendations of the 1970 White House Conference on Children. Despite the popularity of advocacy resolutions, however, neither conference discussions nor forum reports yielded any consensus about the meaning of child advocacy or the parameters of child advocacy practice. Most delegates apparently saw child advocacy as a way to implement conference recommendations generally, but often they were confused about what was being called for: an action structure or a service function. If a service function, was it to be a specialized function or something added to ongoing actions by organizations or individuals? If an action structure, at what level of government; i.e., where would the clout come from?

Some delegates interpreted child advocacy to encompass the whole range of children's services. Thus advocacy became, in effect, anything that involved serving children. Others, concerned about inadequacies in the delivery of services, referred to advocacy as a monitoring function to ensure that agencies would be more responsive to children's needs and problems. Some delegates saw child advocacy as a way to identify unmet needs for and stimulate the development of new services; others defined child advocacy as a method of improving or facilitating the coordination of existing services. Still others emphasized the need for individual advocates who would support the rights of all children on a "big brother or sister" basis within the local community. And delegates who identified children as a politically powerless, needy minority group emphasized the lack of attention that children's rights and the deleterious conditions in which children live had received over the years and spoke of the need to improve the lot of children through legislative, judicial, and administrative changes. In their view, a child advocacy system should assure that children have a spokesman for their needs and rights at every decision-making level of government, local to national, with special attention directed to the budgeting and allocation process.

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[1] *See* Appendix C.

OCD, explicitly charged with representing children's interests in government, offered a national structure for the formal sanction and development of child advocacy programs. In response to the 1970 White House Conference, President Nixon entrusted OCD with establishing a National Center for Child Advocacy. At the time of our study, OCD had funded several child advocacy studies and demonstrations. The center had planned three components—the Child Development Information Secretariat, Children's Concern Center, and Division for Vulnerable Children—but none was fully operational. The function of the secretariat, the center's monitoring arm, will be to coordinate information from all federal research and development programs as well as all relevant service programs in the child development area. Through analysis of these data, it will then identify trends and areas that need further study. The Children's Concern Center will provide a direct information and referral service that will respond to the inquiries of interested groups and individual parents. Based on analysis of patterns and trends reflected in these inquiries, the center, like the secretariat, will identify areas that require additional research or other appropriate action. The Division for Vulnerable Children will encompass all programs previously operated by the Children's Bureau. It will focus on specific groups of high-risk children with special needs and provide technical expertise for the programs serving them.[2]

There have been parallel undertakings in Washington, D.C. For example, the ad hoc joint planning committee for children was created by the Bureau of Education for the Handicapped (Office of Education) and the National Institute of Mental Health (NIMH) to explore the needs of children with emotional and behavioral problems. With the approval of the respective member agencies, the committee funded six neighborhood demonstration projects. The Office of Economic Opportunity (OEO) and several subunits of HEW's Social and Rehabilitation Service also funded a number of child advocacy studies and projects. HEW's Ad Hoc Interagency Committee on Child Advocacy was assigned the informal mission of studying the child advocacy concept, implementing its development, reviewing pending legislation, and providing a vehicle for cooperative and coordinated project development.

Contributing to these developments, and of primary importance in stimulating current interest, was the Report of the Joint Commission on Mental Health of Children, *Crisis in Child Mental Health,* which called for the establishment of a child advocacy system. This report summarized the findings, conclusions, and recommendations of the joint commission's three-year exploration (1966–69) of children's emotional and behavioral problems and service systems that address children's needs. It emphasized the enormous number of emotionally, mentally, physically, and socially handicapped children, the quantitative and qualitative inadequacies of the resources available to them, the fragmentation and unresponsiveness of existing services, and the lack of information about which services children actually need. In addition, it noted the lack of preventive and child development programs in many areas. To solve these problems, the joint commission proposed that the president appoint an Advisory Council on Children, analogous to the Council of Economic Advisors. It also called for child development councils at the state level and child development councils and authorities (or operating units) at the local level. The goals of these new units would be to redress priorities, create new programs, monitor services, assess children's needs and meet them through existing or new provisions, foster coordination, and assure case accountability.

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[2] To place this in perspective, OCD is located in HEW and has two branches—the Bureau of Head Start and Child Service Programs and the Children's Bureau. The latter consists of the Division of Research and Education, the Division of Public Education, and the National Center for Child Advocacy. Many direct services for children provided under public welfare, especially Aid to Families with Dependent Children, are the responsibility of the Social and Rehabilitation Service, one of HEW's major operating units. During our study the National Center for Child Advocacy was also assigned administrative responsibility for 4-C programs (a grass-roots coordinating mechanism for Head Start and day care programs).

The joint commission's recommendation to establish a child advocacy system influenced the discussions at the White House Conference, resulted in some redefinition of working methods by state committees on children and youth, and generated a variety of as yet uncataloged developments in state mental health programs. As a result of the joint commission's report, NIMH decided to assume an active role in the federal government as an advocate for child mental health programs. Therefore, it began to fund demonstration child advocacy projects and to play a consultative role in the development of child advocacy systems—at about the time that OCD established its National Center for Child Advocacy in 1971. This background explains why, in many states, programs cluster around child-welfare-oriented state committees on children and youth or state mental health departments or associations. In some instances the two systems compete.

EARLY MANIFESTATIONS

The story of child advocacy goes back even further, as students of American social services know. On April 9, 1912, President William H. Taft signed the bill that created the U.S. Children's Bureau —the culmination of a process that began with the first White House Conference on Children in 1909 and included a considerable period of social action by a group of crusaders for children. The mission of the Children's Bureau was defined in terms that today would be summarized as advocacy for children from a federal vantage point. The bureau was to seek out and make public facts about the living conditions of children and families in the United States. Later, it was charged with implementing specific laws and administering grants and programs in fields such as child labor, health, child welfare, and crippled children's services. There were times when investigation, enforcement of standards, and child protection dominated the bureau's attention. At other times it was a center of program innovation for specific or deprived groups or for all children. Later, its focus narrowed to technical consultation, upgrading of manpower and programs in foster homes and institutions, maternal and child health, services to unmarried mothers, and research in child welfare.

It was this technical emphasis in the 1950s and 1960s that left the vacuum addressed by the Joint Commission on Mental Health of Children in 1969 and the White House Conference in 1970. But tradition suggested that the "new" National Center for Child Advocacy should be located in the "old" Children's Bureau. Although the center's new deputy chief, Frederick C. Green, MD, announced his recommitment to the bureau's early mission of investigation, as well as vigorous advocacy, it was obvious that advocacy's relationship to the administration of services and grants and the role of governmental advocacy generally had to be specified and validated in the context of a new historical period. Not to be ignored, either, were the contenders for the advocacy role elsewhere in the federal government, state and local governments, service systems, and the private sector.

If the Children's Bureau's organizational tradition can be related to the current thrust on behalf of advocacy and if the Report of the Joint Commission on Mental Health of Children contained the first public call, the current conceptualization of advocacy derived from still other sources. Various professionals wrote about advocacy and children's rights during the 1960s. Social workers (e.g., Brager, Grosser, and Terrell) defined the concept and practice of advocacy as the support of the rights of the disadvantaged generally.[3] Lawyers (e.g., Cahn and Sparer) emphasized the need for utilizing the advocacy role to help the poor realize their legal rights in relation to large public institutions. Social workers (e.g., Coughlin and Smith), lawyers, and psychologists discussed the need to support the specific rights of children. J. McV. Hunt, a psychologist, chaired a White House task force on child development, which recommended to President Johnson that a structure should be established to assure children's rights. Hunt's report obviously inspired the joint commission. In 1966 the Advisory Council on Public Welfare submitted to the secretary of HEW a report affirming children's right to social services, but the report did not specify criteria for the content of such services or how this right was to be implemented.

Most of the literature and program initiatives reflected the experiences of the 1960s: e.g., civil rights legislation, the Ford Foundation Gray Areas Projects, and programs that grew out of the Economic Opportunity Act of 1964. This background requires more specific elaboration.

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[3] In a related but separate development, Scott Briar has emphasized the social worker's commitment to his client's civil rights. (For specific sources cited in this chapter, *see* Appendix D.)

THE ANTIPOVERTY WAR AND ADVOCACY

The catalog of domestic legislative innovations and high court decisions during the sixties justifies the generalization that this was indeed the first period of major reform since the Great Depression. The list (which will not be elaborated here) includes major innovations in civil rights and equal opportunity, elementary and secondary education, health, housing and urban renewal, as well as the War on Poverty. The importance of these measures is not diminished by the volume of unfinished business.

Particularly relevant to the emergence of advocacy as a social service component were the activities generated by the President's Committee on Juvenile Delinquency and Youth Crime, the Ford Foundation Gray Areas Projects in education, and the Economic Opportunity Act of 1964.[4] During the last half of the sixties the antidelinquency, school reform, and antipoverty efforts merged into the War on Poverty. A new program and action perspective prevailed. Later, Model Cities and community mental health programs often became coordinated or parallel components of the same process.

Marris and Rein sum up this process as follows:

> The evolution of these projects can be summarized as a continual broadening of interests, and refinement of strategy. Starting from the shortcomings of relocation, and the impoverishment of the centre city, more and more problems were drawn into the context of coherent, experimental community action—migration, the cultural handicaps of slum children, delinquency, unemployment amongst young people, adult illiteracy, the abuse of those too poor to defend their legal rights, or too discouraged to protest their needs, and the last, more generally, the persistence of poverty in so prosperous a nation. As the conception broadened, so too more and more institutions became involved—in the communities . . . states . . . [and] Federal government . . . . And the further the conception evolved from its origins in specifically urban problems, so too, from project to project, the field of action tended to enlarge—from one neighborhood to the city, from city to metropolitan area, and ultimately to a whole state.[5]

The announced objective of these programs was to eliminate poverty. Some took this objective literally. Those who wrote the legislation and developed programs, however, saw the necessary strategy as one that would facilitate social mobility and lessen the handicaps of the poor. At the beginning, effective intervention into the self-perpetuating cycle of poverty usually was construed to mean expansion of opportunities for the poor and enhancement of their capacities. Thus the antipoverty program became a service-oriented effort, geared toward a specific, high-risk population—the young, poor, minority male. It emphasized the traditional American value of work through job training, education, and self-help and ignored the provision of income, the essential ingredient in eliminating poverty. (Later, strategies ranging from income maintenance to governmental aggregate-demand policies entered into the debate and sometimes were implemented.)

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[4] For an excellent description of these activities, *see* Peter Marris and Martin Rein, *Dilemmas of Social Reform* (New York: Atherton Press, 1967).

[5] Ibid., pp. 29-31.

Two factors dominated the antipoverty efforts: (1) the decision to expand what were considered relevant social services and make them more accessible and to compensate the poor for inadequacies in the amount, range, and quality of services through job training, Head Start, and the like, and (2) the attempt to involve the poor as active participants in program planning, management, and implementation. The Economic Opportunity Act's unique contribution was perhaps the concept of "maximum feasible participation" to express the second objective.

In addition to the Economic Opportunity Act, 1964 saw the passage of one other influential piece of legislation, the Civil Rights Act. David Grossman, a member of the President's Task Force on Poverty and later a key leader in OEO's Community Action Program, described the relationship between the two laws as follows:

> These two new laws were seen as intimately related, particularly by the leaders of the Civil Rights movement, which itself expressed overtones of a participatory democracy that had been dormant in American life for decades. The Civil Rights Act was to open up . . . over-due rights; the Economic Opportunity Act was to make the exercise of these rights more than a theoretical possibility for the vast proportion of these minorities who were trapped in poverty . . . .[6]

It is within this framework of renewed interest in rights and entitlements, expanded provision of social services (and changes in priorities accorded specific services), and a national emphasis on self-help and participatory democracy that the concept and practice of advocacy is best described.

Social work professionals responded to the social turmoil around them and to the informal structure of the new programs by developing new strategies and techniques, resurrecting old ones, and formulating new roles. At first, hoping to serve as a bridge between the poor (their clients) and unresponsive public agencies or inadequate programs, social workers relied on traditional liaison and facilitation roles. However, many soon discovered that providing information, advice, referral, and "brokerage" was not enough to obtain needed services for clients. Referrals were not completed, promised services were undelivered, and unless clients had continued and active support, their case was lost. Social workers on the front lines in poverty areas soon gave up the notions that service failure was a problem of client motivation and that agency rules and procedures had to be accepted although client needs were not met. Some began to view ignored or only partially met requests for more welfare aid and better housing and education for poor children as manifestations of perpetual conflict between their clients and major public institutions. Thus social workers borrowed the concept of advocacy from the legal profession and developed the role of client advocate. Grosser, who was first to present the idea in the social work literature, describes the role of client advocate as follows:

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[6] "The Community Action Program: A New Function for Local Government," in Bernard J. Frieden and Robert Morris, eds., *Urban Planning and Social Policy* (New York: Basic Books, 1968), p. 441.

> If the community worker is to facilitate productive interaction between residents and institutions, it is necessary for him to provide leadership and resources directed toward eliciting information, arguing the correctness of a position, and challenging the stance taken by the institutions. In short, the worker's posture, both to the community residents and to the institutional representatives with whom he is engaged, is that of *advocate of the client group's point of view.* Although the worker uses all available techniques, the impartiality of the enabler and the functionalism of the broker are absent . . . . He is, in fact, a partisan in a social conflict. His expertise is available exclusively to serve client interests . . . . (Italics added.) [7]

It was during the Mobilization For Youth (MFY) experience on New York City's Lower East Side that the concept and practice of client advocacy were first developed and defined. Cloward and Elman, for example, defined advocacy as intervention "on behalf of a client with a public agency to secure an entitlement or right which has been obscured or denied." [8] A few years later, Brager defined it in broader, more political terms as identification with the plight of the disadvantaged: i.e., the social worker's primary responsibility is the "tough-minded and partisan representation of . . . [the client's] interests and this supersedes his fealty to all others." [9] Whether a worker was supporting an individual client in relation to another institution or an agency was trying to change the overall policy of another institution or branch of government, the concept of advocacy remained the same—supporting the poor in their efforts to obtain their rights.

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[7] Charles Grosser, "Neighborhood Community Development Programs Serving the Urban Poor," in George Brager and Francis P. Purcell, eds., *Community Action Against Poverty* (New Haven, Conn.: College & University Press, 1967), pp. 247–248.

[8] Richard A. Cloward and Richard M. Elman, "The Storefront on Stanton Street:

Gradually, a distinction began to emerge between the two types of advocacy. Several studies of neighborhood service centers and Community Action Programs have acknowledged this distinction. Sometimes it tends to be delineated along the lines of service provision and social action. At other times, the distinction is made between case and policy advocacy. In discussing advocacy as an essential function of these programs, many authors indicate that one organization's efforts to provide both types of advocacy may lead to problems and conflicts—both within the organization and between the organization and the larger community—that impinge on the provision of services to individual clients.

OTHER ADVOCACY DEVELOPMENTS

Legal advocacy. Traditional legal advocacy also underwent refinements during the 1960s. For the first time legal advocacy turned to the objective of achieving social justice for the poor. MFY, which was responsible for the first explicit statement of client advocacy and formulation of the advocacy role for professional and nonprofessional workers, also was one of the key initiating forces in the development of legal services for the poor. MFY's original funding proposal to NIMH and the Ford Foundation did not anticipate the need for a legal unit. But after a year of working within the community, it became clear that social workers' indignation and advocacy activities were often inadequate responses to legitimate grievances. Furthermore, existing legal services, both public and private (legal aid), were unavailable to the poor, except in criminal cases. Thus by 1964 MFY had established a separate legal services unit

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Advocacy in the Ghetto," in George Brager and Francis P. Purcell, eds., *Community Action Against Poverty* (New Haven, Conn.: College & University Press, 1967), p. 267.

[9] George Brager, "Advocacy and Political Behavior," *Social Work*, Vol. 13, No. 2 (April 1968), p. 6.

to provide "direct service to and referral of clients; legal orientation for M.F.Y. staff, clients and community leaders; and use of law as an instrument of social change." This third function—the use of law as an instrument of social change—soon became the dominant function of the legal service unit. Although it helped to make the unit one of MFY's most effective divisions, it also led to political problems for the agency.

OEO's Neighborhood Legal Service Program—a federally supported, locally based program established under the Community Action Program—developed subsequently and was greatly influenced by an article by Edgar and Jean Cahn that appeared in the *Yale Law Journal* in 1964. The functions of the Neighborhood Legal Service Program encompassed traditional legal assistance; legal services devoted to reform; legal representation, when the law seemed contrary to the interests of the poor; and legal representation in nonlegal contexts, when appropriate. Interestingly, the Cahns anticipated the potential conflict between the legal service (or case advocacy) function and the legal reform–social action (or class action and policy advocacy) stance. They recommended that Neighborhood Legal Service Programs be kept separate from comprehensive service centers because "the law's capacity to create issues, to bring controversies into focus, tends to make neighborhood legal services too controversial for an organization to absorb, since it must retain the support, or at least the sufferance, of the major institutions in a city." [10]

Consumer advocacy. Advocacy on behalf of consumers, another facet of the burgeoning public-interest advocacy movement of the 1960s, evolved under the aegis of Ralph Nader and his associates. While legal advocacy focused on achieving social justice for the poor, consumer advocacy addressed the issue of achieving justice for the public at large. Nader's initial approach was to emphasize the obligation of publicly owned corporations to be responsive to consumers' needs and wants. However, he soon shifted his attention to the equally important issues of governmental responsibility to consumers and the failure of public regulatory agencies to monitor adequately the activities of the industries they were charged with regulating.

Nader was convinced that the government's failure to function as an effective countervailing force against industry required the intervention of a third force—organized citizen action. Working within the framework of the government's moral obligation to protect and support the public interest, Nader and his task forces used a combination of fact-finding, monitoring, publicity, lobbying, and legal action to highlight the inadequacies of products and services and the regulatory agencies' failure to constrain the companies that supplied them.

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[10] Edgar Cahn and Jean Cahn, "The War on Poverty: A Civilian Perspective," *Yale Law Journal*, Vol. 73, No. 8 (July 1964), p. 1349.

Of particular relevance for child advocacy is the fact that regardless of how frustrated Nader has been with the inadequacies of existing public regulatory machinery, he still believes that consumers' problems can be solved through increased government regulation, legal action, and constant monitoring by citizens' groups. His premise is that if his research and legal organizations delineate issues and objectives, an aroused citizenry will demand change.

A similar development may be seen in the emergence in the late 1960s of public interest law firms, such as the Citizen's Advocate Center and the Washington Research Project. Like Nader's organization these firms reflect the growing conviction that the "consumer" of governmental policies and services needs as much protection as the consumer of goods and services sold in the marketplace. In seeking to help relatively passive or weak constituencies deal with a powerful and bureaucratized government, these groups consider themselves "public champions of the citizen as consumer." [11]

Advocacy planning. The developments just described also touched the field of urban planning, although more modestly, when it became known that urban renewal programs failed to house many people who were displaced as sites were cleared. New construction often destroyed neighborhoods or made it impossible for the poor and members of minority groups to remain in them. Some urban planners, concerned about the politically inarticulate and powerless groups who were often the passive recipients or victims of their work, felt that their professional expertise should be utilized on behalf of the poor neighborhood tenant rather than the real estate lobby. Thus they developed the theory of advocacy planning, in which the planner would represent the values, preferences, and needs of his consumer-client and would be accountable to his client. Some planners volunteered to adopt this role; others were paid out of public funds.

In each of these fields—local social services, Community Action

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[11] Edgar and Jean Cahn, "Power to the People or to the Profession?—The Public Interest in Public Interest Law," *Yale Law Journal*, Vol. 79, No. 6 (May 1970), p. 1005.

Programs, Neighborhood Legal Service Programs, consumer action, and advocacy planning—two characteristic focuses emerged: (1) support of the poor in their efforts to achieve social justice and improved living conditions and (2) some degree of accountability to the poor. Although the scope and success of these endeavors has varied, the message has been widely received and has influenced many citizens and the professionals who serve them.

HUMAN SERVICE PROFESSIONS

All the human service professions experienced crises during the late 1960s. Professionals in the fields of health, mental health, education, and social work were attacked for their failures. Students questioned the relevance of their professional training, and new groups challenged the very concept of professionalism. Almost every conference produced a counterconference. And all professions became concerned about their inability to achieve their basic goals.

In the field of education, for example, Kozol, Holt, Silberman, and others wrote convincingly about how public schools fail their students. Others graphically described the inadequate facilities for the retarded and children with special needs. As a result of this controversy, some have called for the abolition of public schools. Others have tried to create a variety of free schools and alternative institutions. Still others have attempted to change existing school systems and develop new approaches to education: e.g., school decentralization, performance contracting, students' rights and grievance procedures, and changes in curricula. In the area of special education, much attention has been focused on the need to move children out of institutions and into regular school programs.

Similar challenges have been raised in mental health and social work. The criticisms have been many and severe: e.g., failure of traditional facilities to reach those most in need of their services; disengagement of family service agencies from the poor; over-reliance on a psychoanalytic model of treatment; abuse of the rights of those who are institutionalized; and the attempt to force people to meet society's expectations, rather than to change social institutions to meet people's needs.

The Community Mental Health Centers Act of 1963, which established a network of community-based facilities, was one significant attempt to provide a new approach to mental health services. In the political atmosphere of the antipoverty war, this legislation was reinterpreted to emphasize "maximum feasible participation" and sometimes "community control." Similarly, in social work major efforts were made to develop new theories and new definitions of tasks. New agencies were established; old agencies revised their functions. Community residents were hired to work with professionals and were appointed to policy-making boards.

Permeating all this ferment were several major themes, which the different professions have emphasized and implemented to varying degrees: (1) People's problems often reflect failures in our social institutions, not in individuals. (2) Since human development is a function of a variety of forces, no one human problem can be treated in isolation. (3) Priority must be given to preventing problems in human development, not to devising remedies that come too little too late. (4) Because citizens have a right to adequate services, all professionals and professional organizations must be accountable to consumers of their services.

Consequently, the idea of advocacy on behalf of children fell on fertile ground and was quickly seized by professionals in the human services as one way of translating some of their reform ideas into action. These professionals were convinced of the inadequacy of existing services and the need for major theoretical and structural changes in the present service network. Professionals in the mental health and education fields, especially, have provided leadership for the child advocacy movement, utilizing the impetus and resources of child advocacy to operationalize many of their ideas.

SELF-ADVOCACY

During the 1950s parents of handicapped children, as well as other groups such as former mental patients and drug addicts, began to organize into self-help groups. The primary function of these groups is mutual aid. Through discussion and common action centered on their shared problems, members are able to overcome feelings of isolation and frustration and achieve some sense of identity and conviction about the possibility of change. This mutual aid provides a powerful incentive for membership and active participation, which can subsequently be channeled into constructive social action.

As Alfred Katz has suggested, self-help groups were slow to develop in this country because of our strong tradition of individual responsibility and self-reliance. Many handicaps carried moral stigma and were associated with self-blame. However, many self-help groups (such as associations for aid of retarded children) have overcome earlier obstacles and inhibitions and have been amazingly successful in increasing public awareness and achieving social benefits such as favorable legislation and enhanced service provision for their members. In addition to these obvious benefits, self-help organizations have provided a mechanism for service innovation outside traditional bureaucratic structures and consumer participation in institutionalized service networks.

The self-help concept spread rapidly during the 1960s as other deprived groups saw the value of this approach in advancing their own causes and began to express their needs publicly. Professionals and community activists gave strong support to the self-help movement, when they began to appreciate its value as a device to increase community participation and assure consumer accountability in the public services.

The process took on new forms in the atmosphere of the antipoverty war. Self-advocacy developed substantially as clients and other groups with shared problems began organizing to improve their living conditions and protect their rights. Traditional middle-class groups, such as the League of Women Voters, offered a precedent, but the new groups organized to deal with new issues. Common problems with welfare became a basis for self-organization in various places across the country. The Committee of Welfare Families in New York City, the Regional Committee for Adequate Welfare in Ohio, and similar groups elsewhere, which formed in 1966–67, gradually coalesced into what became the most outstanding example of self-advocacy, the National Welfare Rights Organization (NWRO). For the first time since the Great Depression, a popularly based welfare movement arose across the United States, initially under the auspices of local antipoverty programs, but gradually moving outside agency sanction and attaining independence and national status. The development of other militant groups during the sixties—ranging from students' groups to Head Start mothers, foster parents, and tenants—revealed a widespread increase in group self-consciousness as well as a growing political sophistication.

Effective self-help activities were carried out by organizations such as the Southern Christian Leadership Conference and the Mexican-American militant organization, La Raza. Some of these groups were more do-it-yourself than others. Several were staffed and led by cadres of professional workers or political organizers—paid, underpaid, and volunteer. Many were aided, indirectly or directly, by public funds through local antipoverty Community Action Programs. Local independent groups and groups connected with national movements appeared among disadvantaged minority group members in big city neighborhoods and rural counties.

One other forerunner of child advocacy programs, which illustrates many of the trends just described, was the Child Development Group of Mississippi (CDGM). Funded by OEO and initiated and partially staffed by several persons who were active in the civil rights movement in the South during the early 1960s, CDGM was established as a Head Start program in the summer of 1965. It emphasized a broad community approach to the development of preschool programs and viewed community participation, citizen action, and parents acting as advocates for their children as essential for maximizing early childhood development. At CDGM headquarters, as well as its more than one hundred local Head Start programs, parents initiated the establishment of centers, participated in policy-making and planning boards, and were involved in program administration and staffing. Thus, by stressing the importance of parental participation in the educational program and relating the program to the whole community, CDGM was able to focus on the child's total environment, rather than on narrow educational or care components alone.

The relationship of CDGM and some of its staff to the civil rights movement made the program vulnerable to a variety of political attacks. However, despite its subsequent political defeat, it successfully involved a large number of children in the program and attracted substantial community participation and support. The program's content won respect. Its influence continues to be felt in several of the newer child advocacy programs, especially those oriented toward political action and linked experientially with the earlier program. CDGM's use of children's needs as an issue around which citizen action can be mobilized for broader political ends and its view of education as part of the child's total environment continue to be important factors in the nascent child advocacy movement.

AN ORGANIZED FUNCTION OF GOVERNMENT?

The burgeoning importance of the legal reform function of neighborhood legal services and the policy advocacy stance of some Community Action Programs brought the issue of advocacy as an institutionalized function of government into the foreground. Traditionally, the advocacy function had been assigned to the voluntary or private sector, social reformers, or privately employed lawyers.

At certain special historical moments during the Progressive Era and the New Deal, the federal government created official instruments of reform. We have noted the growth of the Children's Bureau in this context and might mention the Food and Drug Administration, Interstate Commerce Commission, and Securities and Exchange Commission as additional illustrations.

However, when OEO was legislatively designated as the intragovernmental advocate for the poor, something new entered the picture. And when funds from OEO, NIMH, Model Cities, and related health, education, and public assistance programs were used to encourage self-advocacy by client or consumer groups (or to permit them to engage advocates who were paid with public funds), unusual forces appeared on the American political scene.

Beginning in the mid-1960s, situations arose in which public funds were utilized to support legal action, confrontation, strikes, negotiation, and "aggressive" case referral. Contrary to usual practice, adversarial actions were initiated in one branch of the social service bureaucracy against units in another branch at the same governmental level, on one governmental level against units on another level, in public programs against voluntary programs, and in voluntary programs against governmental programs on the same or other levels. In other words, antipoverty staffs might assume the posture of advocates in seeking service for clients in schools, public welfare units, and housing facilities, although the target agency might be another subunit of the same local government. The staff of a city welfare department might represent clients in seeking modification of a decision of a state-operated institution as it affected clients' families. The staff of a school system, welfare department, or antipoverty center might criticize publicly a voluntary agency's acts of commission or omission as they affected the public agency's clientele. Or the staff of a settlement house or local voluntary family service agency might mount a public campaign to change state welfare policies, family planning programs, or training schools for delinquents.

Subsequent outcries from some officials and citizens, as well as congressional actions and administrative developments within federal agencies in the latter part of the Johnson Administration and during the Nixon Administration, curtailed such activities considerably. Nevertheless, child advocacy was born during the height of these extraordinary, publicly funded, and often governmentally administered adversarial actions.

Child advocacy sought to clarify its processes, structures, and, most important, its goals in a social context in which antipoverty activism had left a permanent and significant residue. In December 1971, for example, the administrator of HEW's Social and Rehabilitation Service urged local public social service departments to become advocates on behalf of their clients vis-à-vis other public bureaucracies.

Meanwhile, legal advocacy programs won important class action cases related to welfare recipients' rights. Other major victories were won in the areas of public housing and discrimination. Local advocacy programs affected administrative procedures in public assistance, housing, day care, education, health, and related fields. The success of these efforts influenced political leaders and administrators to recruit clients and previously excluded consumers to serve on advisory committees, policy boards, and staffs of diverse programs because such participation might decrease the number of abrasive confrontations and legal tangles.

Some proposed the office of ombudsman as an alternative mechanism. However, the ombudsman concept was often confused, with the result that the ombudsman was usually viewed as a practitioner of case advocacy (a subject that will be elaborated on later). In the Scandinavian sense, the ombudsman objectively reviews citizens' complaints about administrative bodies; he cannot implement corrective action. Thus for those who have turned to the more militant or legally binding type of advocacy, the ombudsman offers a limited alternative.

BACK TO CHILD ADVOCACY

Child advocacy did not begin in a vacuum. The Children's Bureau had a long tradition of advocacy on children's behalf, and some of these activities had been continued. There was a small, ongoing national lobby for children called the American Parents' Committee. Some city-wide watchdog operations were recognized as effective. Governors' committees on children and youth, created in the 1950s to assure White House conference preplanning and follow-through and used as instruments for citizen action, increasingly sought a more systematic and aggressive type of monitoring. These committees were encouraged by the Report of the Joint Commission on Mental Health of Children to reorganize and strengthen their roles, although parallel and sometimes competitive developments were fostered in state mental health programs.

The basis for these activities was an important legal and philosophical child welfare tradition on which those concerned with children's needs and rights could build. Most child welfare services are offered on a voluntary basis, although there may be some informal pressure in the initiative of any social institution. In contrast, the special kind of child welfare called child protective services uses state authority to intervene in situations where parents are unable to fulfill their responsibilities and do not seek help voluntarily or where children may be neglected and abused. In such cases, court action is initiated or held in reserve.

Under common law, children were considered the almost exclusive property of their parents, and they were valuable property as long as their labor was needed. Thus intervention into the parent-child relationship was done hesitantly and was viewed at best as a necessary evil. The earliest child welfare services were the orphanages and foster care agencies, established during the nineteenth century simply to provide for children who were paupers or orphans. These early programs were motivated by a peculiar combination of religious charity and community self-interest; they sought to give dependent children the care and instruction needed to become self-supporting adults. Few could argue that the family was undermined if substitute care was offered when parents died or disappeared. Thus society took a major step when it began to intervene, even when parents were present, because children were abused or neglected. The evidence had to be extreme before anyone would act, but the step was taken.

The early child protective services established in the latter part of the nineteenth century were modeled after the Society for the Prevention of Cruelty to Animals. Influenced by the humane motives that inspired this movement, early leaders in the child protection field took an active role, not only in protecting severely abused children, but in publicizing children's needs and campaigning for better legislation to safeguard children's interests. Children could no longer be regarded as mere property or labor. However, because early child protection programs viewed themselves as "arms of the law," they directed their efforts to prosecuting parents rather than providing social services. These programs helped to develop and formalize the legal rationale for public intervention into family life for the welfare of children. In a sense subsequent intervention into parent-child relationships to restrict child labor derived from this premise. The child welfare and child protection agencies gradually became professionalized, and they have long emphasized their preventive and rehabilitative functions. Yet many of them have retained the flavor of "child saving"; most of them, in fact, have stressed structural alternatives to natural families (i.e., foster care), rather than child development and primary prevention. The same child-saving tradition buttresses child advocacy in child welfare services today.

With the precedent of protecting children against neglect and abuse, legal grounds for public intervention into family life began to be expanded over the years. Throughout the country, laws were passed that added to the grounds for terminating parental rights and protecting children's right to a basic education and some vital health services, regardless of parental preference. Public institutions such as schools and juvenile courts enlarged their functions and intervened more directly into areas long reserved to parents. In some instances, public interest superseded family interests, and children's rights became more important than property rights. Public authorities began to share power with parents because of their expertise or in response to acknowledged parental failure.[12]

This process created two new developments that were part of the transition to child advocacy: (1) As more public agencies became involved in child welfare, it was uncertain whether they were always benign and effective. Someone had to regulate the regulators (juvenile courts) or monitor the family substitutes (schools). (2) The conviction that children needed more than protection and traditional services began to spread. Modern life demands a complex of societal provisions in the form of social utilities, as well as case services when needed.

The step from child protection to child advocacy thus represents a shift from provision of substitute care and intervention into family life to intervention into or action vis-à-vis institutions other than the family as they affect children. The nature of this transition became clear only as our study data were being analyzed. This new approach to action on behalf of children evolved in the late 1960s as human services practitioners and organizations absorbed the experiences of the civil rights and antipoverty programs, noted the intense suffering and protests of organized welfare and Head Start mothers, faced the serious unmet needs of children, and considered the failure of traditional action strategies. Once the connection had been made, the rationale seemed obvious: children—an inarticulate and powerless group—required advocates from among parents, substitute parents, community leaders, and professionals. Perhaps power could come from communities that were concerned about their young. Would anything less give children a fair share of the national budget? Would agencies and programs improve service delivery and reform the content of what they offered without systematic monitoring and pressure? And because children were not powerful, organized, or watchful, could power and vigilance perhaps be provided through organization, funding, and staffing, i.e., through bureaucratization?

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[12] *See* Appendix D.

In short, child advocacy was to be an organized, publicly funded method of implementing children's rights. Child advocacy was to go into the field at the moment when constraints on earlier antipoverty advocacy efforts were greatest. And it was to involve new groups of lay volunteers and professionals and persons who had been part of earlier advocacy efforts.

Thus we began our national baseline study, recognizing that a movement of sorts had developed—a movement that was neither fully clarified nor understood and had many disparate components. It was related to earlier manifestations of what might be considered child advocacy (before the term was coined) in the various local, state, and national monitoring or watchdog groups: e.g., the Citizens' Committee for Children in New York, Massachusetts Committee on Children and Youth, and Child Welfare League of America. It was related to the entire field of protective services in some aspects of its work. It was matched by similar developments in other fields: e.g., the public interest law firms (Citizen's Advocate Center, Washington Research Project), health advocacy programs (Health–PAC, Neighborhood Health Advocacy Services), consumer advocacy (Ralph Nader's Center for the Study of Responsive Law and the Public Interest Research Group), and the family advocacy programs of some family service agencies affiliated with the Family Service Association of America (FSAA). It had European counterparts: e.g., England's Child Poverty Action Group, and certain Scandinavian guardianship programs in which citizens accept some accountability for children in the child care network. It could also be related to the French social security system, in which both representatives and recipients are responsible for allocating some of the funds assigned to their districts.

Opposition to child advocacy was also manifest. Critics from the right announced that "the general decay of capitalism has been reflected in what is usually called permissiveness," and saw in child advocacy "the design of a socially-selected pattern of conformity" to shape the lives of children during their most impressionable years.

Child development was regarded as infringing on parents' rights and relieving parents of responsibility. Given this kind of lobbying, it was not surprising that only after a long and bitter debate did the Senate amend a child development bill to include large-scale experimentation with neighborhood advocacy councils, in accordance with the proposals of the Joint Commission on Mental Health of Children. The amendment was subsequently blocked by the House representatives to the conference committee.

A change in the national perspective on children and their rights had created new interest in a vaguely conceptualized advocacy. Paternalistic benevolence in the social services was disappearing in favor of advocacy-oriented services, self-advocacy of organized groups with shared problems, and interdependence between advocate and client. Professional neutrality often gave way to professional identification with the person or cause supported.

But, inevitably, there was a paternalistic nuance in the concept of advocacy. Perhaps this is what made advocacy particularly attractive to those whose focus was serving children, who by definition are dependent. Although many once enthusiastic supporters of the advocacy role in relation to the poor had become disenchanted, the romance of the child advocacy concept and the relevance of the advocacy role to benevolent protection of children was manifested in many quarters as we began our study.

The reorganization of OCD and the development of the National Center for Child Advocacy were premised on advocacy's centrality as an organizing principle for constructive action on behalf of children. For OCD or any other governmental unit to coordinate relevant undertakings in child advocacy, it would need to draw on a picture of developments in the field; clarification of the various concepts and activities currently subsumed under the term child advocacy; a pool of information about strategic ideas and programs; and knowledge about issues, possible choices, and consequences. This was our focus.

2. The National Picture

When we began our explorations, we encountered advocacy project proposals, articles about what advocacy is or might be, people who had experience and opinions, and case stories. Some case stories, like the one in the Introduction, were dramatic and convincing. Obviously there were child advocates under various names who were doing valuable, humane things. In some instances, especially those involving what we call class advocacy, the activities antedated the Joint Commission on Mental Health of Children, the 1970 White House Conference, and the new emphases of the Children's Bureau.

We soon discovered that the child advocacy label had been attached to a wide range of programs for children. Some of these programs were funded explicitly as special child advocacy programs; others had the child advocacy label appended to them by sponsoring agencies subsequent to initial funding. Still others, operating under other names, decided to adopt the child advocacy label in an effort to attract new funds or public attention. And some established programs that did not use the child advocacy label carried out activities that everyone would characterize as advocacy.

To assemble the first overview of a phenomenon that was changing everyday, whose boundaries were uncertain, and whose auspices and funding were diverse, we used the following procedure:

1. We conducted a questionnaire and mail "search" of federal agencies, foundations, state committees on children and youth, state mental health departments, and regional offices of HEW to obtain lists of child advocacy projects. In addition, we contacted a wide range of agencies in the children's field and a number of individuals in strategic positions for suggestions about programs or practitioners to contact.

2. Over 300 general questionnaires of two types were then dis-

tributed nationwide to organizations, programs, and practitioners. We carefully reviewed the 182 questionnaires that were returned in an effort to delineate the boundaries of child advocacy and locate additional child advocacy programs that we could visit or to which we could send our major questionnaire.

3. Advocacy projects—designated as such by informants or the projects themselves—received our major program questionnaire, which requested considerable information. Of 123 sent out, 87 (or 71 percent) were returned. (See Table 1.)

4. We visited 75 programs in 20 states and Washington, D.C. These visits ranged in duration from one interview to two-week studies.

Table 1
Summary of Questionnaire Responses

Category	Number Sent	Number Returned	Percentage Returned
1. Identified child advocacy programs	123	87	71
2. Organizations	167	104	62
3. Individuals	153	78	51

5. Our report is based on information from 116 programs (103 are currently operational).[1] Among these, 29 were visited after they had submitted questionnaires, 41 submitted questionnaires but were not visited, and 46 were visited but were not asked to fill out questionnaires because we had already obtained the necessary data.

6. We conducted dozens of interviews with federal and state officials, experts in the voluntary sector, and others who were not affiliated with programs.

What, then, is the child advocacy phenomenon? We begin with a sample of the diverse opinions we encountered during our study.

OPINIONS ABOUT CHILD ADVOCACY

Our first impressions about child advocacy and the issues surrounding it emerged during interviews with more than sixty experts in child welfare or related fields and dozens of lengthy telephone conversations with additional professionals, agency directors, public officials, and lay citizens. These contacts were supplemented by extensive correspondence with federal and regional staff of HEW, directors of state committees on children and youth, directors of state departments of mental hygiene, and executives of national organizations. We asked these people (1) how they defined child advocacy, (2) whether they could identify operating programs or practitioners of advocacy, and (3) how they assessed the advocacy development. Their responses reflected large differences of opinion and general confusion about the concept of child advocacy as well as considerable vagueness about program boundaries.

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[1] *See* Appendix B for program listings by state.

Definitions of child advocacy covered an enormous range—from descriptions of child advocacy as a moral stance and social cause to a view of it as embodied in specific programs. For example, one prevalent view was that child advocacy is "that action which pleads the cause of and supports in a multiplicity of ways healthy and positive benefits to children." Some HEW staff at the national level had definite conceptions of child advocacy, but most of their definitions tended to be abstract and difficult to make operational. Among the clearest and best definitions of child advocacy are the following:

> Child advocacy is a consumer-controlled outreach system with two major objectives: to obtain more responsive, adequate and effective service from child and family service agencies; and to develop the strengths, skills and initiatives of families and communities to solve their own problems.[2]
>
> . . . . .
>
> [It is] a service program or approach directed towards changing systems and designed to improve life conditions for children by assuring that service delivery systems and institutions bearing most on children work *for* these children, rather than against them.[3]

Heads of major national social welfare organizations, although they often disagreed with these definitions, generally had some idea of what child advocacy ought to be. Several defined child advocacy as political lobbying on behalf of children's services and needs; others described it as planning and coordination of services for children. Still others emphasized its adversary nature and therefore insisted that it could not be the function of a planning agency. Some experts in the field of child welfare proposed that the focus of child advocacy should be ensuring that children obtain their legal rights; others insisted that it was more essential that children be assured of their extralegal rights, such as the right to a quality education.

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[2] Ad Hoc Committee on Child Mental Health, *Report to the Director* (Rockville, Md.: National Institute of Mental Health, February 1971), p. 39.

[3] Richard Johnson, Director, Parent and Child Center Program, Office of Child Development, Washington, D.C.

Advocacy processes were described by many respondents along a continuum that included dissemination of information, negotiation, persuasion, publicity, adversary activities, and aggressive confrontation. Among the more consistently identified goals of child advocacy were (1) protecting children's rights (unspecified), (2) identifying unmet needs, gaps in service provision, and problems in service delivery, and (3) helping people to help themselves.

Several of our respondents, who saw child advocacy as a gimmick or a means of diverting attention from more important issues, defined it as "a public relations term that will have little real effect unless it leads to an adversary position for children," "much ado about nothing," "all rhetoric and no substance," "a lot of intent but no implementation," and so on. (A number of articles in the professional literature have a similar perspective.)

When we narrowed our interviews and correspondence to the regional and state levels, the perspectives on child advocacy were even more varied and confusing. Several state committees on children and youth noted that any individual or organization working for or with children was practicing child advocacy. Thus when asked for a list of child advocacy projects, they sent us directories of all their child welfare services.

In other states, the state committees on children and youth responded to our request for information about child advocacy programs by saying that there were none. However, HEW regional directors labeled as child advocacy a dozen programs in these same states. In subsequent follow-up, the program director of a specific program was likely to tell us that he had no idea why we were told his program was doing child advocacy.

Some HEW regional officers responded that they were not sure which of the programs they listed should be labeled child advocacy; sometimes they submitted nothing. On the other hand, a miscellaneous list of people and programs to contact for child advocacy "leads" submitted by one HEW regional office included the following program categories: general health services, maternal and infant care, mental health services, day care, early child development, delinquency prevention, drug abuse, job training for parents, and vocational and technical education programs. The informant concluded by stating that if we could clarify our definition of child advocacy, he could give us more precise information. There simply were no widely accepted definitions and conceptual systems for advocacy.

Another HEW regional official did an extraordinary job of surveying all the child-serving agencies in her region and provided us with a remarkably complete picture of how the phenomenon was sweeping one area. When these agencies were contacted, their responses included statements that were conceptually clear and statements that clearly indicated ignorance or confusion.

For example, a worker in a Kentucky public welfare department commented, "Child advocacy can either be service-related or an activity addressed to systemic change." A member of the Mississippi Commission on Mental Illness and Mental Retardation said:

> Child advocacy is a planned action or program carried on by individuals, groups or agencies. . . . [It] may be in behalf of an individual child, may be directed toward community services for all children, or may encompass federal and state legislative programs.

A social worker in a Florida family and children's agency replied:

> [Child advocacy is] activity on behalf of children which is designed to change systems rather than relate to individual case problems. While individual case or group situations may be the focal point to generate systems change, the crux of advocacy cannot be from case to case but must be intended to solve the problem of an entire class of cases through system change.

Other typical comments included the following: "If you define child advocacy for me, I'll tell you whether we're doing it." Or "I guess you mean our day care programs, so I'm enclosing a directory." And perhaps the most forthright of all, "The only time I hear about child advocacy is in talking to federal personnel. We do not use that word. . . ."

A leading practitioner of child advocacy in Illinois stated that

> the concept of advocate has different meanings to almost every person who uses the term. It means legal counselor, spokesman, supporter, pleader, defender, protagonist, intercessor, proponent, mediator, monitor, petitioner, activator, coordinator, ombudsman, expediter, enabler, promoter, protector, instigator, investigator, and exposer. There are two important common elements in these meanings; first—all are activist terms, and secondly—all imply that the activity is in behalf of another person or cause.[4]

A nationally known leader in the children's field in the voluntary sector assessed child advocacy in the following terms:

> 1. Many so-called advocacy project plans take the form of planning programs emphasizing coordination, integration, evaluation, identifi-

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[4] Naomi Hiett, Executive Director of the Illinois Commission on Children.

cation of unmet needs and promotion of more adequate services. In most respects they are no different from the kind of planning agencies at community-wide or regional levels which have existed for many decades. Some differ from the traditional planning bodies in that they give greater emphasis to children's rights and provide procedures for receiving and assessing complaints about existing services, both voluntary and governmental.

2. I have serious questions as to whether one can combine the planning and evaluative functions, which are within the scope of the established community service professions, and the handling of complaints, which essentially relies on legal processes and which requires the backing of citizen or parent councils or other social action groups. I am inclined to believe that the combination of an adversary proceeding with planning responsibilities is likely to mean the neglect of the former.

3. I believe that advocacy agencies which limit themselves to the investigation of complaints and do so responsibly, including the recording and reporting of their findings, can make a signal contribution to the improvement of existing systems of child care.[5]

Regardless of how child advocacy was defined, we were repeatedly asked the following questions by people we contacted: "Even if you obtain a consensus about a definition, what will it look like when you try to operationalize it?" "What do these programs do and to whom?" "Who does it and how?"

Our overview of the advocacy phenomenon is incomplete because the boundaries of the domain are the subject of widespread debate and because it was as difficult to deal with the material that we received as it was to determine what had been left out. Distribution of the questionnaires, recipients' answers to them, and selection of programs for field visits were inevitably somewhat arbitrary and inconsistent. This was not contrary to our purpose, however. The information gathered from questionnaires and field visits, when combined, did provide us with a picture of the advocacy development that was sufficiently comprehensive to stimulate conceptualization and policy formulation.

In this spirit we begin with a descriptive overview based on questionnaires and field visits and then proceed to several analytic perspectives. The reader will better understand the advocacy phenomenon, however, if we start with a series of cross-sectional views (based on our field studies) of activities in the federal government, the OCD program, a state (California), and a city (Nashville, Tennessee).

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[5] Herschel Alt, President of the Institute for Child Mental Health, New York.

CROSS-SECTIONAL VIEWS

Federal Programs

Perhaps the most vivid illustration of the many faces of child advocacy is provided by a brief overview of the programs financed by the federal government. HEW, the largest single source of funding, spent more than $7.5 million for approximately sixty-four child advocacy programs in the fiscal year 1972.[6] Individual program budgets ranged from $20,000 to approximately $400,000, with the majority ranging between $100,000 and $200,000. Among HEW agencies that were funding such programs during our study were OCD, the Office of Education, the Social and Rehabilitation Service, the Bureau of Education for the Handicapped, and NIMH. HEW utilized no consistent view of either the concept or practice of child advocacy, although individual agencies developed their own guidelines.

BEH/NIMH demonstration projects. The Bureau of Education for the Handicapped and NIMH, which spearheaded the establishment of child advocacy programs, jointly funded six community-based projects in San Antonio, Texas; Morganton, North Carolina; East Nashville, Tennessee; Los Angeles, California; Philadelphia, Pennsylvania; and Prince George County, Maryland.[7] These programs were developed on the assumption that, operating from a community base, they could be effective instruments for changing secondary institutions that impinged on children's lives. It was assumed that these programs, like OEO's Community Action Programs of the 1960s, could be effective without the intervention of state, county, or city support systems.

The BEH/NIMH projects focus on school-age children, largely from poor and minority groups. Their primary objectives are to identify children's needs; identify, mobilize, and coordinate existing resources; ensure access to these services; and develop new resources when necessary. In general the programs are staffed by indigenous paraprofessionals. When professionals are employed, they represent a range of disciplines. In addition, most of these programs try to ensure community support and participation by including community representatives on their advisory boards. Although these programs are new, they are funded through a variety of intermediate sponsoring organizations, e.g., a local board of education in Maryland, a Los Angeles community mental health center, the Philadelphia Urban League, and the Learning Institute of North Carolina.

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[6] Figures are imprecise because the Youth Development and Delinquency Prevention Administration did not clearly state which of their programs should be labeled child advocacy. For the fiscal year 1973, there has been a small funding increase and most grants have been renewed.

[7] The Morganton program and nine others are summarized in some detail in Appendix A. For a complete list of programs thus summarized, see page 143.

Advocacy, as implicitly defined in these programs, involves negotiation, persuasion, and collaboration, rather than an adversary process. All the programs utilize some form of social action, but they seldom use confrontation techniques. And all of them engage in some direct service—often more than was originally anticipated.

The San Antonio project, for example, which is located in a Mexican-American barrio, operates as a neighborhood service center. Its primary goal is community development, which it hopes to accomplish by negotiating between community residents and various community agencies. Because of problems created by cultural and language differences, the educational system is the greatest obstacle facing the members of this community. Therefore the project focuses primarily on the schools. The young, largely indigenous staff carries out a combined program of casework, group work, community organizing, and program development. Although they have concentrated most of their efforts to date on junior high school students, they feel that advocacy for this group cannot be separated from advocacy for the entire community. Thus they hope to expand the program to cover a wider age range and involve a broader segment of the community in their activities.

Office of Education. The Office of Education funded eight school-based demonstration projects in the fiscal year 1972. The focus of these projects was to provide coordinated health, education, and nutrition services to poor children, coordinate relevant federal programs, and demonstrate the effectiveness of using public elementary schools as the fulcrum for early detection of problems and provision of needed services. It was hoped that school personnel, parents, and community service agencies would work together to develop comprehensive programs. The child advocacy label was applied to these programs subsequent to funding and after some of them were operational.

Project FOOD in Durham, North Carolina, is located in two elementary schools in the city's poverty areas. It provides two full meals a day; periodic physical and dental examinations; and psychological and medical treatment, if necessary, to every child in the school. In addition, an interdisciplinary team provides relevant health, mental health, nutritional, and educational consultation to these schools, and a team of paraprofessionals focuses on enhancing the communication between the schools and the parents.

Social and Rehabilitation Service. The Social and Rehabilitation Service funded one explicitly labeled child advocacy program through the Office of Developmental Disabilities and several youth advocacy programs through the Youth Development and Delinquency Prevention Administration (YDDPA). The first program, at Syracuse University in New York State, focuses on "clinically homeless" children, primarily the retarded. Its ultimate goal is the "normalization" of children with special needs, and it attempts to achieve this by encouraging cooperation and change in existing service organizations such as public schools, day care facilities, and recreation programs. Its primary strategy is to develop alternative modes of service delivery, such as a group home for retarded children who were formerly institutionalized and a day care center for young retarded children who might have to be institutionalized if their parents did not receive community support and help. The program hopes to demonstrate the effectiveness of such approaches so that they will be adopted by established agencies.

In contrast, YDDPA funded several youth advocacy programs at various geographical levels. All these programs concentrate on making service systems more responsive to the needs of youths and have delinquency prevention as their goal. Some programs are designed to involve youths in public decision-making and are devoted entirely to providing leadership training and consultation to youths and youth-serving agencies. For example, the Youth Involvement Program located in the Los Angeles Children's Hospital is a training, consultation, and technical assistance project with a national scope. Its purpose is to promote youths' participation in governmental programs and political decision-making. The program conducts regional and local training sessions for youths of different social, ethnic, and economic backgrounds to prepare them for participation in a variety of activities such as delinquency prevention, drug abuse prevention and treatment, and adolescent health service planning. YDDPA has been the major source of funds for this program, although several grants have also been received from agencies such as the National Council on Alcoholism. Staff members believe that youths who wish to effect change must work within the system; therefore their advocacy strategy consists of training youths to be leaders in a variety of fields.

Other YDDPA programs, which have both direct service and social action components, concentrate on "diverting" youths from the juvenile justice system. Some of these programs have a strong legal service component; others emphasize social services. The youths served vary widely in age. The Kentucky Juvenile Defender Program, for instance, is a research-demonstration project with the primary purpose of providing legal representation for indigent juvenile defendants in sixteen rural counties in the state. In addition, the project is attempting to upgrade and standardize juvenile court procedures and inform police, court officials, social workers, and the general public about juvenile laws, court procedures, and alternative solutions to the problem of juvenile offenders. Although the program emphasizes direct legal services and its staff is composed primarily of attorneys, the Kentucky Juvenile Defender Program also has a social service coordinator and uses extensive student and volunteer help to develop interdisciplinary approaches to coping with juvenile delinquency. In the future the program hopes to move even further into primary prevention and diversion of youngsters from the juvenile court system.

Office of Child Development

Among all the agencies within HEW, OCD has funded the largest number of child advocacy programs. In a sense, the programs funded by this agency represent the entire national picture of child advocacy in microcosm, and they provide remarkable illustrations of the diversity of programs and the conceptual confusion that currently prevails about advocacy. We found elements of both.

OCD defines child advocacy as

> an active effort to be aware of, understand, and modify when indicated those conditions which pertain to the well-being and development of the Nation's children. In order to carry out this function efficiently, OCD must coordinate research and service delivery, develop new services where necessary, and utilize existing programs and knowledge for the ultimate benefit of all children.[8]

Included among the child advocacy programs funded by OCD are community, county, state, and national programs. Some focus on a wide range of children's needs; others focus on only one. Some emphasize class advocacy exclusively, some feature case and class advocacy, and some are involved only in case advocacy. (See Chapter 3 for definitions of case and class advocacy.) Most of the projects define advocacy as being synonymous with coordination; a few have no concept of advocacy or fail to see it as relevant to their programs, although these programs are listed as advocacy demonstrations.

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[8] *Research, Demonstration, and Evaluation Studies, Fiscal Year 1971* (Washington, D.C.: Research and Evaluation Division, Office of Child Development, 1972).

The following list illustrates the diversity of child advocacy projects funded by OCD:

- A statewide program to influence relevant legislation and coordinate and enhance public child welfare services.
- A parent education program in a pediatric clinic.
- A medical center and counseling program for teen-agers.
- An adoption project focused on the black child.
- A twenty-four-hour emergency service for children in crisis.
- Several family day care programs.
- A project to develop a method for reporting research that is relevant to children.

In addition, OCD has financed two clusters of child advocacy programs: seven Parent and Child Center (PCC) Child Advocacy Projects and five Community Coordinated Child Care (4-C) Child Advocacy Projects. The child advocacy projects attached to the PCCs are extensions of ongoing, community-based, direct service programs that focus on children under 5 years of age and their families. Their primary concern is maternal and child health care, and their major objectives are ensuring access to services and entitlements, identifying gaps between needs and resources, and stimulating the development of new services. They emphasize community and parent participation and, in several instances, have organized advisory boards composed of community leaders, agency representatives, and consumers of service.

One PCC child advocacy project, located in a black ghetto in Boston, is a component of the overall Parent and Child Center and, like other similar programs, is governed by the PCC board. It has its own staff, largely made up of indigenous paraprofessionals, and its target population is distinct from the much smaller population served by the overall program. The project is aimed at approximately 2,000 poor families who reside within one of Boston's Model Cities areas, and its focus is children under 5 and their families, with special emphasis on pregnant women. Since the area is saturated with agencies, one major objective is to promote a closer relationship between the community and existing resources, which are frequently unresponsive to the community's needs and thus are underutilized. This program uses both case and class advocacy.

At the time of our study the program was only a few months old; thus its operations had not progressed beyond the initial phase.

Among other activities, the staff had started a survey of existing needs, utilizing a variety of outreach techniques. The project's director, for example, was visiting all the social agencies in the area.

The project has three teams, which cover different sections of the target area; each team is headed by a field specialist in health, education, or welfare. The teams meet regularly to provide interdisciplinary consultation to one another, and each team leader is forming or working in a community task force that focuses on a specific problem. The program also has an advisory board composed of professionals, important public officials, and leading citizens. By working closely with the advisory board, the program staff hopes to educate the board members about the community's needs and encourage them not only to effect necessary changes in their respective organizations, but to engage in other forms of class advocacy as well.

The 4-C programs operate at both city and county levels and emphasize community participation in coordinating and planning day care and Head Start programs and related child care services. In the responses to our questionnaires we could detect no significant differences between 4-C programs that were labeled child advocacy and all other 4-C projects in terms of their program goals, activities, or conceptual framework. An illustration of a 4-C project is the Athens-Clarke County Coordinated Child Care Program in Georgia, which focuses on expanding day care facilities for children in the area. This project has three major thrusts: coordinating existing programs, increasing the total number of day care services, and enhancing the child development component of these facilities. The program serves about 600 children and their families who are enrolled in twenty-three affiliated day care programs, and its major objective is to improve standards of care in these centers through a training program, resource center, centralized intake and referral system, and consultation services.

As illustrated by these brief descriptions, it is almost impossible to discern any completely consistent pattern among the programs funded by HEW—although more often than not the programs tend to be community based and focus on making service systems more responsive to children's needs. The most common form of program is a family-centered program that provides one or more direct services: e.g., information and referral, parent education, or parent-child counseling. Such programs may also attempt to identify community needs and resources, effect changes in existing service systems, and mobilize the development of new resources.

This pattern of diversity in the concept of child advocacy is not unique to the federal government; it is typical of what we found across the country. California, for example, has a total of twelve child advocacy programs; we shall describe three.

California

California Children's Lobby. This is the only statewide political lobbying group in the United States that concentrates solely on the needs of children. It is a nonpartisan citizens' group that was established after the 1970 White House Conference on Children and the start of the national Children's Lobby.[9] The California Children's Lobby is supported by membership fees and contributions and focuses entirely on influencing legislation. The organization's policy is determined by its board, composed of professionals, leading citizens, parents, and concerned laymen. At present, there is no paid staff, but several members have contributed a considerable amount of their time to lobbying and related activities in the state capital.

The organization's major focus to date has been early child development programs (particularly the provision of day care), but as yet it has achieved no major victories. Although the lobby has approximately 1,000 members, its major problem is obtaining adequate financial support and recruiting more members (it does not have tax-exempt status). Another potential problem is that its nonpartisan stance may restrict the issues on which it can take a position. However, since other citizens' groups find the nonpartisan stance attractive, other states are carefully watching this organization's development.

Social Advocates for Youth (SAY). SAY is a loose federation of eight community-based delinquency prevention programs funded [illegible] foundation grants and substantial contributions from a variety [illegible] business corporations. The program is under voluntary auspices [illegible] was established by a retired corporate lawyer who was interested in the problems of delinquent and predelinquent youths. The central office, which is located in San Francisco, has a professional staff of three, who raise "seed money" for new programs; maintain contacts with public officials, foundations, and corporation executives; and provide consultation to the administrators of local programs. The local program administrators and the small number of paid staff members are youths in their twenties. Most of the staff are volunteers who attend local community colleges. The boards of these programs are composed of local businessmen, public officials (e.g., juvenile court judges, chief probation officers, school principals), and others who are interested in the problems of youths.

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[9] The national Children's Lobby marked time until the spring of 1972, when it attempted to organize nationwide.

The program's basic premise is that young people are particularly effective in working with troubled youngsters; therefore the local administrators have almost complete authority over the local projects. The basic program consists of providing volunteers to work on a one-to-one basis with youths who have been identified as potential delinquents by various community agencies, especially the school. Although case advocacy is the program's primary emphasis, class advocacy has been attempted at the local level. In addition, as the program expands, the central office plans to engage in more extensive advocacy at the state level involving problem areas identified at the local level.

Alameda County Mental Health Association. The Alameda County Mental Health Association is conducting a child advocacy project funded by the California Department of Mental Hygiene. The project's primary purpose is to mobilize citizens around the issue of ensuring adequate services for children and youths in a tri-city area in which there has been rapid population expansion, with concomitant inadequacies in the quantity of available services. The area is suburban and largely working class; but there is one large segment of poor Mexican-Americans. Because of the differences in the needs of these two groups, the project has two major components: (1) a part-time community organizer is trying to reach out to the Mexican-American community to identify needs and mobilize the community, and (2) a steering committee of relatively sophisticated laymen is attempting to define priorities in services for children and form coalitions with various community groups who want to develop more adequate services, especially in mental health. The members of the steering committee are viewed as a group of knowledgeable volunteers who can train local parent and citizen groups for effective action, such as influencing legislation, negotiating with public officials, and monitoring service systems.

In addition to the three programs just mentioned, others include the following:

- a BEH/NIMH community-based program, located in a black ghetto area,
- the YDDPA-financed nationwide youth leadership training program described earlier,
- an early child development program, under the auspices of the local Board of Education and financed by public funds from sources ranging from the city to the federal government,
- an OCD-funded family day care project that is under the auspices of a local college,
- a county-based YMCA program, funded by both public and voluntary agencies, that provides youth advocates and leadership training,
- an OCD-funded developmental center, which operates under the auspices of a family service agency and provides care for infants while their school-age parents pursue vocational and educational goals,
- a forum made up of staff members from a county department of health and welfare who are concerned with the provision of children's services,
- a city-wide youth council that is under the auspices of the city Commission on Human Rights and funded by a grant from a local foundation, and
- a nascent community-based legal service program that focuses on children's rights.

Nashville, Tennessee

A final illustration of the disparate picture of child advocacy is represented by four different programs in Nashville, Tennessee. Nashville has one community-based BEH/NIMH program, a similar YDDPA program that focuses on predelinquent youths, and two others—a Family Advocacy Program and a Citizen Advocacy Project—that illustrate types of programs not previously described.

BEH/NIMH program. This project is located in a black ghetto and has a target population of approximately 1,000 families. It is administered by a professional who has extensive experience in the area and is staffed by indigenous paraprofessional workers. There is also a community board that takes an active role in directing the program. The project functions primarily as a neighborhood service center, providing a variety of direct services including information and referral, transportation, parent-child counseling, case advocacy, and recreation. In addition, the program utilizes a "linking-pin" model, in which representatives from relevant service agencies are hired to serve as liaisons with the project to ensure that their agencies will be responsive to the needs of families in the area.

YDDPA program. A similar program funded by YDDPA is situated in a white poverty area of the city. Its major objectives are crisis intervention with children already identified as troubled, outreach into the community to develop systematic means of identifying potential problem children, and examination of existing service systems to determine how they can be modified or augmented to serve children's developmental needs adequately.

Family Advocacy Program. Like similar programs started by agencies affiliated with the Family Service Association of America throughout the country, the family advocacy program is an attempt to supplement a traditional casework program with social action aimed at altering conditions that adversely affect family life. The underlying principle is that a total program of family service must involve social action as well as counseling and should move from individual cases to the broader social cause. In the Nashville program, a community organizer is employed to work with the board's public issues committee and the staff's advocacy committee to identify clients' common needs and to engage in relevant advocacy by negotiating with public officials and influencing legislation. So far, the agency's advocate has focused largely on obtaining support for a subsidized adoption bill in the state legislature. But in the future he hopes to address such issues as transportation, education for unmarried mothers, and paternity support payments.

Citizen Advocacy Project. The Citizen Advocacy Project—a six-month demonstration project under the auspices of the state association for retarded children and funded by Model Cities—utilized the citizen advocacy concept developed by Dr. Wolf Wolfensberger in Lincoln, Nebraska. This program, like its many counterparts in other parts of the United States and Canada, was a volunteer program established to serve persons with special needs, primarily the retarded. Volunteer advocates worked on a one-to-one basis with residents of the Model Cities area who required special help. The program's special focus was to help institutionalized persons return to the community and obtain necessary services from various social agencies. The program was not re-funded for reasons that are irrelevant here. But it did achieve its objectives and is being replicated in many other parts of the country.

The existence of four groups that use the term advocacy to describe their different activities has generated some confusion and resistance in Nashville's service agencies and in the community.

The administrator of the Citizen Advocacy Project commented on this confusion as follows:

> In some instances, professional persons in the service system perceived advocacy as being a paid staff of oppositional bureaucrats who would act in militant ways in an attempt to make some changes. In other instances, the advocacy people were being perceived as primarily school oriented and as primarily black oriented. Another version was promoted by . . . [an advocate who claimed in a local newspaper article] that his role was to act as an expediter, but again as a paid staff person representing a large number of clients. So the roles that were being seen ranged from a semi-social worker role to a semi-legal role. All of these roles were considered as threatening in that they were seen as oppositional roles. Further when we would request through clubs, service groups and church organizations the participation of lay people as advocates, these people complained of being quite confused as to what advocacy was all about.[10]

STATISTICAL SKETCHES

As we offer statistical summaries based on our survey, we note that the total number of programs involved varies with each of the items discussed. Sometimes we have data from questionnaires and sometimes we do not; sometimes we or a program director considered an item irrelevant to a specific program. Occasionally, when it has seemed relevant to the subject, we have included data from programs that were not yet operational or had already closed at the time of our study. Inevitably, our decisions about which programs to tabulate are somewhat arbitrary and reflect a shifting perspective on what is essentially a developing phenomenon. However, what follows is a first imprecise sketch.

Where are the child advocacy programs? There does not seem to be a significant geographic pattern in the distribution of these programs. Thirty-four states have at least one child advocacy program and some have as many as twelve. In general the more densely populated states and states with a tradition of interest and concern for social welfare have more programs, as might be expected. Child advocacy is unquestionably an urban phenomenon. Excluding national programs, less than 10 percent of the programs are located in rural areas and approximately two-thirds are in major urban centers.

How long have these programs been in operation? At the time of our study, there were 103 reported programs in operation.[11] Of the thirteen programs that were not in operation, four had just been rejected by HEW or were actively seeking funds; seven were in the planning or preoperational stage; and two were closed (Child Care Advocate of the Massachusetts Department of Mental Health and the Citizen Advocacy Program of Tennessee).[12]

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[10] Memorandum from Bob Audette, Citizen Advocacy Pilot Project, Nashville, Tennessee, January 14, 1972, pp. 5-6. (Mimeographed.)

Child advocacy, in its present form and in the light of present criteria, is a recent phenomenon. Among the 102 operational programs that provided us with data regarding length of time in operation as of April 1, 1972, 47 percent had been in operation for less than one year, and only 18 percent had been in operation for three or more years.

What kinds of problems are these programs concerned with? For the most part problems are defined in global terms. Respondents described the situations to be corrected by child advocacy projects in the same terms that critics of service delivery used in the early 1960s. These situations included (1) quantitative and qualitative inadequacies in available services, (2) inaccessibility of services, (3) lack of consumer information regarding available services, (4) lack of information about the need for services and the adequacy of existing resources (a necessary basis for planning), (5) fragmentation of services, and (6) unresponsiveness of existing service delivery systems to consumers' needs.

The problems identified by individual programs ranged from "any and all problems affecting child development," "protecting the rights of children," and "racism and poverty" to relatively specific ones, such as delinquency, retardation, drug abuse, lack of health and nutritional services, high truancy rate, the need to determine priorities, and unresponsiveness of schools, health services, and courts to children's needs.

What approaches do child advocacy programs use to solve these problems? We have information on program content for 102 operational programs. Conventional wisdom to the contrary, more than half the programs have both direct service and social action components. However, many of these programs are fairly new community-based programs that display no clear consensus about what constitutes either direct service or social action. Therefore, it is impossible to reach any definite conclusions about the balance of these two components in programs or whether the combination is viable in all respects. There were discrepancies in this regard between what some programs stated on their questionnaires and what we observed during the field study. Generally, however, community-based programs tended to provide more direct service in practice than they indicated on the questionnaire. A partial explanation for this may be that many community-based programs discovered that they had to provide extensive direct services to gain credibility in the community, although this was neither their explicit function nor the funding source's preference.

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[11] Of course there have been some changes; a new round of federal funding began in July 1972.

[12] Appendix B lists the projects, classified by state, that were in operation at the time of our study.

At the state and national levels a number of agencies that engage in class advocacy also have administrative responsibility for various types of direct service programs. But, again, we have conflicting information: some project directors state clearly that they do not combine these functions because of potential conflict of interest; others indicate that by combining program components, they gain the credibility necessary to engage in social action. We should also note that we discovered several voluntary programs (operating at different levels) that were forced to underplay their social action function, especially with regard to lobbying activities, for fear of losing their tax-exempt status.

What is the geographic area served by these programs? The neighborhood is the single target area addressed by the largest number of programs we contacted. Almost one-third, which tended to be in large cities or metropolitan areas, stated that the neighborhood was their primary target area. Thirty-eight percent of the programs specified either city or county (in equal numbers). However, the cities they served tended to be small, and a large percentage of the counties were rural areas that were viewed as "catchment areas" and had a "community" identity. Twenty percent of the programs defined the state as their target area, and 12 percent said the nation.

In general, the funding source seems to be the critical variable in determining whether programs are local, state, or county based. For the most part, the federal government has funded neighborhood or rural catchment area programs, bypassing traditional intermediate governmental levels; the states have funded state or county-based programs, working within formal, traditional governmental structures or operating units.

Who are the consumers or clients? More than 90 percent of the programs stated that their target populations included children and their families, rather than children only. Programs that are called "child" advocacy practice "family" advocacy. The majority of programs that address children only are youth programs in which the conflict of interest between children and their parents is readily apparent or even exaggerated, given the auspices and the problems of the population involved.

Conclusions as to whether programs focus on all children or on a special group of children are more difficult to arrive at: Are they universal or selective programs (for all children or for the poor)? Are they directed toward all problems of children or toward specific categories of disability? Well over half the programs focus on all children, and the remainder are equally divided between those that focus on a special socioeconomic or age group and those that focus on categorical problems such as delinquency, mental illness, retardation, institutionalization, and the like. There is also undefined overlapping: e.g., a delinquency prevention program that is located in a poverty area. Perhaps most interesting is the increase in programs under the child advocacy label that address categories of social problems—in contrast with traditional child welfare programs, which often address categories of personal handicap. The overall tendency seems to be toward a more universal approach to service delivery, with priority given to clients in poverty areas.

Who sponsors and who funds the programs? Excluding national organizations, most of the programs are operated under public auspices, with the federal government as the primary source of funding. Forty-six programs—almost half of the ninety-six that responded to this question—are operated under public auspices and more than one-third are under voluntary auspices.

The responses to this question were somewhat confused, however. Some publicly funded and administered programs described themselves as "voluntary," perhaps in recognition of the role of citizen boards. This confusion is not idiosyncratic: many publicly funded antipoverty corporations throughout the country are uncertain whether they should be regarded as part of the public sector or the voluntary sector—or as a new category of agency.

On the funding question, more than two-thirds of the programs (including national programs) that responded are supported totally or in part by public funds (one-third, federal funds only; 20 percent, partially federal funds; and 14 percent, state funds). Of the remaining programs, 27 percent are supported solely by voluntary funds, and the rest are non-tax-exempt organizations financed by membership contributions.

Who determines policy? To whom are programs accountable? We asked several questions about program policy:

How is policy determined? By whom? To whom are policy-makers accountable? How is this implemented?

Advocacy is often innovative and can be adversarial. Therefore, its decision structure seemed important. But the responses we received to our questionnaire raised more questions than they answered. For example, we asked respondents how conflicts were resolved in the agency with regard to the practice of child advocacy (as defined by the agency). Few answered, but among those who did, "agency policy" was the most frequent response. Only five stated that "consumer preference" alone was the determining factor when there were issues to resolve. Only nine programs cited "professional ethics" as the point of reference.

Although several of the community-based programs (the largest single category) include consumer-client representatives on their boards, many of these boards are either not yet functioning or, if functioning, play only a limited role in policy determination. We recognize that this may be related to the short time many of these programs have been in operation; however, it is a matter of some concern. Most state-based programs have been unable to incorporate consumer representatives on their boards and therefore continue to operate in traditional fashion.

Since almost all programs ultimately depend on the funding source for their continuity, the pattern of responsibility resting with a higher authority is further reinforced. Many of the community-based programs are funded by the federal government; thus it is the government that ultimately controls these programs. Consequently, the board's role is far more limited than in traditional voluntary programs, in which the board has sole control of the funding. As a result, the programs most likely to have consumers participating in policy determination view this function in circumscribed terms, which further limits consumer input. In general, implementing consumer participation in policy and planning continues to be difficult for many programs at all levels.

Considering the extensive discussions in the literature and elsewhere about services meeting the needs of recipients and programs being accountable to their consumers, there is little relevant experience currently available in the field. Our study posed specific questions related to this issue. In our questionnaires and interviews we tried to clarify conceptions of accountability and explore how accountability is implemented. For example, how does a social worker on a case determine whether he should take an advocacy stance vis-à-vis a health center, school, or housing department?

How does a lobbyist choose his stance? We also assumed that case advocacy projects would be preoccupied with the following issue: When does one decide to challenge the institution? And who in the program is accountable and to whom in making this decision?

Neither questionnaires nor interviews provided data on what occurs in the practice of advocacy, despite our specific question. Although some interviewees developed theories about the matter when asked, no one brought up the issue spontaneously. To the extent that there was some concern about accountability, program directors apparently assumed that if their staff was indigenous or the board was composed of community representatives, accountability was automatically integral to the program. An interesting phenomenon which has implications for this whole issue is that when programs lacked functioning boards, staff determined policy and monitored their own activities.

It is also interesting that accountability is no better assured in the more "radical" programs or in programs that focus on legal rights and their affirmation than it is in the more traditional social agencies. A family service agency may assume, as such agencies have assumed for almost a century, that a board composed of advantaged community members has the perspective and disinterest to make sound decisions on advocacy. A nationally recognized civil rights leader may not hesitate to make all the decisions himself, since he assumes that his judgments about priorities are correct. Critics refer to these assumptions as illustrations of "elitism" from the center and the left.

Who are the child advocates? Among the ninety questionnaire responses dealing with staff (excluding national agencies), five programs reported that they did not have paid staffs. Paid staffs range in size from one (the Massachusetts Child Advocate) to thirty (a 4-C program), but most programs have small staffs. More than two-thirds of the programs have staffs of less than ten people, including clerical help; only ten programs have staffs of more than twenty.

Almost half the programs use volunteers. Although there seems to be no relationship between the use of volunteers and other staff, organizational, or program variables, the incidence of using volunteers is an interesting phenomenon and often characterizes advocacy. Several kinds of programs place heavy emphasis on the use of volunteers. For example, Citizen Advocacy Programs, a rapidly expanding network, believe that only volunteers can be totally accountable to the programs' clients.

For the most part, staff in community-based programs are classified by questionnaire respondents as paraprofessionals who are community residents. In contrast, the staffs in state programs are overwhelmingly classified as professional. However, since we did not define professional and paraprofessional in our questionnaire, subsequent probing revealed that these responses were neither precise nor consistent. During our experience in the field, we found that these terms are used interchangeably. For example, to indicate the existence of a professional director, anybody with a BA degree may be defined as a professional. To establish the presence of a paraprofessional and indigenous staff, any black or other ethnic minority staff member may be described as a paraprofessional, whatever his educational background.

Well over two-thirds of the programs report that they either have no training program or conduct an agency-based program. Program directors strongly emphasize that if advocacy is to become an effective activity, more training and training resources are needed both for paid staff and citizen volunteers.

STIRRINGS IN CHILD ADVOCACY

There are several recent program developments related to child advocacy. Most of them are still in the planning stages and have no ongoing funding, but they indicate the type of thinking that is taking place in this field. (Our data come from proposals, interviews, and observation.)

In several areas of the country, professionals from different organizations have formed loose coalitions around children's issues. In Massachusetts, for example, a group that had been meeting to discuss the problem of implementing a funding program for special education for emotionally disturbed children decided to form the Coalition for Children as a state-wide lobbying and monitoring group on children's behalf. Similarly, a group of professionals in Colorado who had been discussing the issue of runaway children decided to form the Child Advocacy Coalition and subsequently obtained a planning grant from NIMH to develop a plan for a statewide system of child advocacy. Both groups are working actively to involve citizen and consumer groups in their activities, but they are primarily composed of mental health professionals who want to move into social action and devise new solutions to the problem of inadequate children's services.

Another approach is suggested by the Southeast Caucus on Child Advocacy (SECCA), a loose coalition organized in the spring of 1972 by some people attending a national conference of the Day Care and Child Development Council of America. SECCA's purpose is to monitor the activities of OCD's regional office and to strengthen OCD's capacity to act as an advocate for children. The group is concerned, for example, about OCD's lack of coordinated funding and wants the regional office to establish centralized information and procedures for funding applications. In addition, the group feels that OCD should act as an information resource and exchange center and provide technical assistance to local community groups. At the time of our visit, SECCA had held only one meeting with OCD, so it is difficult to predict how effective this approach will be. However, this focus on OCD's regional office is an innovative approach to advocacy with federal agencies.

A large amount of activity has been taking place in relation to students' rights and to children's rights in general. An OEO-funded project at the Harvard Center for Educational Policy Research, for example, recently completed a major study of consumer protection in public education. As a result of its research, the project has proposed two models of consumer protection that warrant extensive experimentation: (1) some form of "administrative critic" within the school to receive complaints on policy implementation, determine the validity of the complaints, and make public its findings and (2) an attorney who specializes in education and a staff of paralegal professionals, located in a neighborhood legal service office, to act as advocates with the school system and provide court representation, when necessary, for individual children and their families.

The Harvard group has also proposed a national children's defense fund, which would engage in class action and utilize research and educational techniques to focus attention on the problems encountered by consumers of child care services. Others, at the Harvard Center on Law and Education, are currently investigating the feasibility of establishing such a program to focus attention on the issue of children's rights. Similar plans are underway in California to establish a children's defense fund for the Monterey area.

All these proposals seek to develop the concept of children's rights through a combination of muckraking, monitoring, policy development, and litigation. The court is viewed as providing the ultimate sanction to guarantee such rights, but proponents of these ideas consider legal action as only one means of effecting desired change. Because similar strategies have been used, for example, to develop the concept of civil rights, it seems likely that the children's defense fund idea may produce significant results.

Finally, an example of adding an advocacy function to a traditional case agency is provided by the Family Court in New York State. In June 1972, following the publication of a report by the Family Court's Committee for Mental Health Services, the Office of Children's Services was established within the Judicial Conference (a state administrative unit) as a potential solution to one of the major problems confronting family courts: the lack of adequate placement resources for children brought before the court. The committee's report specifically concluded that although the total number of children for whom placement is sought has decreased in recent years, the number of severely disturbed children brought before the court has increased at a time when placement resources for these children have decreased. In addition the court lacks adequate information about available resources and the reasons for the decrease in placement resources. The committee also concluded that there is much discrimination in the voluntary child care system and that adequate resources will never be provided unless decisive action is taken.

Thus the function of the Office of Children's Services is to develop an adequate information system about the kind of children coming before the courts and the quality and quantity of resources available to them, establish guidelines for the admission of children to public and voluntary institutions, monitor implementation of these guidelines to ensure equal protection and equality of treatment for all children, make recommendations concerning public funding to assure that guidelines are efective and that dispositions made by the Family Court are appropriate, and report regularly on these issues to the Judicial Conference, the governor, and the legislature.

The Office of Children's Services is a relatively small program, funded by grants from the Law Enforcement Administration Agency, the Judicial Conference, and a private foundation. It is ultimately accountable to the Judicial Conference's administrative board, but has a policy board composed of four Family Court judges. The program plans to hire a professional staff of three and to make extensive use of volunteers and students. For the first year, the program will be limited to New York City, but it will later be expanded to encompass the entire state.

Although the Office of Children's Services has legal sanction for it activities, it will use the courts as a change agent only as a last resort. Its primary function is class advocacy, so the staff will use a variety of strategies, similar in many respects to those used by state committees on children and youth. The office should have strong political clout because it is based in the Judicial Conference and has recourse to the courts to enforce guidelines. Although a number of advocacy programs use the courts either as an object or an agent of change, this is the first program that attempts to operate from a court base.

SUMMARY

In brief, child advocacy programs report that they are involved in activities such as information and referral; counseling; assisting families with a wide range of problems; legal representation of families and children; efforts to "divert" delinquents from antisocial patterns; efforts to reform or improve schools, health programs, and the like; community action to improve neighborhoods or influence agencies or authorities; planning, coordination, and service initiation; and grievance procedures. Obviously there is a need to clarify whether all or some of these activities are advocacy or whether they are activities that can support an advocacy component.

At this point the picture may be summed up as follows: Child advocacy, in its initial and most undefined and unstandardized period, is a nationally distributed, urban, small-scale, recent development. Programs tend to cluster at either the state level (with state funding) or at the community level (with federal funding). They operate primarily under public auspices and, to a lesser extent, mixed auspices. The programs encompass both the provision of direct service and social action, with various degrees of emphasis. Most serve both children and their families, rather than just children. A few, especially those that focus on youths, distinguish between the interests of children and their parents and may even recognize a degree of conflict of interest. Programs are about equally divided between serving all children or a special group of children and families, such as the poor, minority, handicapped, delinquent, or specific age group.

The role of advocate, for which no special training tends to be provided, is not precisely defined and is therefore not assigned to any specific personnel. Advocacy activities are carried out by boards, administrators, staffs, clients, and volunteers. Staffs appear to predominate in the advocate role and the staff categories include both professionals and paraprofessionals. Although indigenous paraprofessionals predominate among staffs, the terms professional and paraprofessional are used so loosely (often to suit funding-source requirements) that no valid conclusion can be reached with regard to the qualifications of most paid personnel.

In response to questions about policy formulation, most respondents view final decisions regarding program policy as the prerogative of agency executives and boards. Final decisions about whether to continue programs are seen as the function of either the funding agency alone or that of the funding agency in conjunction with the executive and the board. Although much is said about the need to make service systems responsive to consumers, accountability, at an operational level, appears to be implemented upward in traditional hierarchical fashion.

The most distinct characteristic of child advocacy programs (as displayed in questionnaires and interviews) is the concern about service delivery systems. This emphasis derives from a new perspective on child development which differs from that of traditional child welfare programs. All child advocacy programs seem to adopt the orientation that—in addition to the family—schools, hospitals, courts, neighborhoods, the mass media, and other institutions which affect children are crucial determinants in child development. (This orientation is sometimes called an "ecological" or a "systems" approach.)

This has been said before, but child advocacy programs, when authentic, try to live by it. They consider it essential that efforts be made to enhance transactions not only between children and their families, but between children and families on the one hand and the various service systems that impinge on their lives on the other. Related to this perspective is the belief expressed by most child advocacy programs that certain services are essential for healthy child development and therefore must be made available to all as a matter of right. And because the focus is on rights and entitlements, it is vital to make these service systems more accountable to consumers.

These programs are "young," and their rhetoric inevitably outdistances both theoretical underpinnings and practice. They are also enthusiastic—often administered by new "converts" to this field of action. Therefore they often do not realize that what they are finding out about children's programs is what many consumers discovered about social services five or ten years ago. And because they are a mixed group of programs that combine those who are searching for the authentic and new with those who are along for the ride or the funds, they understandably are perceived by their publics in a variety of ways.

3. A Proposed Focus for Child Advocacy

So many different kinds of things can be found in programs designated "child advocacy" that the term's usefulness may indeed be questioned! In fact, two months after our study began, we considered the conclusion that child advocacy was merely another categorical funding device and that its prospects for coherence and accomplishment were poor. If anything, we thought, one should be suspicious of those who accepted its resources. How could any sound or significant results be derived from so wide a range of programs and so confused a series of funding rationales?

Subsequent developments have changed our minds, however. Examination of programs and discussions with their participants show that new and useful things are being done in the name of child advocacy, and perhaps even greater things can be accomplished if it proves possible to capture, communicate, and enhance the new child advocacy perspective.

This will first require a choice between one of two possible ways to delineate the domain:

1. Given the diversity of things now carried out under the heading "child advocacy," the term could be allowed to become *synonymous with child welfare or the field of services to children.* There are strong tendencies in this direction.

This would not be a bad decision. It would be consistent with much of the literature on advocacy in the children's field and with many of the activities being promoted or funded. Advocacy would encompass everything that is good for children: redressing priorities, discovering and dramatizing needs, planning, coordinating, assuring service integration, implementing service accountability, and so on.

Such an approach to advocacy would mean: "Don't worry too much about conceptual order or institutional structures. Let every-body who wishes to do so march behind these banners, as long as his primary concern is children."

If this choice is made, child advocacy should be recognized basically as a repackaging of an old field's components for the purpose of increasing a sense of accountability and adopting some of the persistence and activism that has brought about expansion and improvement in other fields. Expectations should be within this framework. Funding bodies, professional groups, and educators should end their search for specificity and clear identification of process and technique. Child advocacy as a "field" would encompass too much for that.

2. We recommend another approach. Examining what is now occurring nationally under the banner of child advocacy, we find *a core of organized or organizable activity that is unique and continuous with the advocacy identified elsewhere in social welfare.* Systematic development of such activity in the future promises considerable payoff for families and children. This approach may be either better or worse than the sum total of other activities in the children's field, but it is identifiable and requires its own clarification and implementation. It captures the preoccupation with rights and accountability, the self-dedication to persistence, and the readiness to ask citizen volunteers and staff members to make a somewhat more activist commitment to children than has characterized most programs, whether they involve direct services or lobbying and social action. This somewhat more focused activity, which might be thought of as child advocacy, is a special function within society. It deals largely but not solely with the social sector per se, and it is defined as *intervention on behalf of children in relation to those services and institutions that impinge on their lives.*

The second alternative offers greater promise for continuous impact on the gaps, defects, problems, and inequities in service that currently appear to undermine much that society offers families and children. Thus it is the choice to which our explorations have led us. This approach to child advocacy calls for an organized function; for identification of structures, methods and processes; for training; for introducing new ways of working into old roles; and for inventing new service roles. We believe that the first approach is too diffuse to inspire ongoing reform and can readily become merely a way of using new words for old things. To call all services to children child advocacy might energize the children's field briefly, but people would soon note that the lack of a specific mission and channels of implementation precluded any long-range difference.

The distinction between the two alternatives and our reasons for choosing the second are not readily grasped without some elaboration. In Chapter 1, it was pointed out that the child initially was considered valuable property; no one could interfere with the parent-child relationship or parental rights. Later, under limited and specific circumstances, the state might intervene in the family (or when the family ceased to function) to protect the child for a brief period or even until his adulthood. Child advocacy may be interpreted as a next step: Because so many conditions and requirements are necessary for satisfactory child development and because it is so difficult for children and parents to cope alone with institutional structures on which their lives depend, some provision is now evolving for intervention on behalf of families and children into or in relation to these institutional structures.

The personal helping services place much of their emphasis on interpersonal relationships. They often facilitate individual adjustment vis-à-vis institutional requirements. Child advocacy, as it is evolving in the best programs, shifts the focus to the individual's transactions with institutions and to the transactions among institutions with reference to the interests of specific individuals or classes of people. For child advocates the major institutional systems are health, education, welfare, the courts and correctional systems, and child care agencies. The purpose of shifting the focus to these and other institutions is not to remove parental responsibility or undermine parental competence. The latter are built on and enhanced when possible, and help is given only if requested and appropriate. Child advocacy begins when parent and child need help or at least cooperation from schools, health services, and other critical institutions with which the family comes into close contact in the modern world, but that cooperation does not evolve normally or in response to what individuals request.

The concept is difficult to grasp. People ask: "Isn't studying 'needs' advocacy?" "Isn't planning advocacy?" "How about educating parents; wouldn't that be real advocacy?" Thus it is not surprising that the Joint Commission on Mental Health of Children included all conceivable planning, administration, and coordination functions, as well as lobbying, monitoring, and service delivery on its child advocacy lists.

We suggest that the following is critical to the concept: Sometimes, to change or bend institutional networks so that they serve children better, the *target* of advocacy must be the planning system, the budget, the nature of the service arrangements, or any other service or administrative functions. Any function, process, method, or structure may be the target of advocacy at some time, but that does not mean that all functions, methods, and structures are synonymous with advocacy. Sometimes they become the *vehicles* for carrying out advocacy: e.g., budgeting is used to change the system's responsiveness or priorities, direct casework service is used to prepare a client to cope with a problem in an institution, coordinating devices are used to alter an agency's concept of its responsibility, referral is used to compel a referral agency to reconsider its criteria for client selection.

Anything in social welfare, and thus anything in the children's field, can be the *target* of advocacy or the *vehicle* for advocacy. For this reason one could say that child welfare is advocacy. But this would hardly be a useful approach, although some people think it is. What also exists is a search for devices, targets, methods, rationales, and sanctions to make programs and services more responsive and available to individual (or categories of) families or children who have turned to them without success or cannot use the services in their present forms. It is these undertakings that are unique and require identification and support.

The "institutions" that are advocacy's targets, then, are not always the entire systems: e.g., schools, clinics, or courts. Sometimes the "institutions" are the processes: e.g., planning, coordination, administration, budgeting, and the like or casework, group work, or psychotherapy. Sometimes they are the professional cadres: e.g., doctors, social workers, police, judges, and agency staff. The "intervention" may be adversarial, but it may also be benign—deriving its support from value consensus and the ability to draw on widely accepted knowledge and concepts of rights. The "action" or "intervention" in our definition of advocacy therefore includes (but is not limited to) help, support, suggestion, education, pressure, demands, confrontations, and legal action.

The key factor that defines advocacy, then, is not the target: i.e., the service, administrative process, institution, or personnel. It is the concept that individual children or parents, categories of children and parents, or all children and parents have specific rights and needs and that prevailing circumstances require that they be given support to assure their access to entitlements, benefits, and services. Such support may involve making individual practitioners or agencies more responsive in specific instances or seeking larger system changes that will affect classes of individuals over time.

Why is it insufficient to expect that Congress and the president will set program norms and enact sound programs after "experts" tell them what children need? Why is it insufficient to inform parents and let them advise public officials? First, because rights evolve, change, and are affirmed and challenged many times before they are enacted and established, and professional expertise and pronouncements are not automatically actualized in every community. Second, because values and preferences play a major role in all public decision-making and the groups affected must be heard. Few decisions in the human services derive from science and technology alone. Third, because government in the United States is a constant process of balancing, correcting, and checking. We depend on delicate interaction among the executive, judiciary, and legislative branches, with power frequently shifting from one to the other, to formulate our policies and programs. And a multiplicity of interest groups interacts with these formal branches of government in attempting to define the public interest. Child advocacy may be the way of assuring that children are adequately represented as such interest groups play their parts. Child advocacy is more, however, since its objectives sometimes involve the individual child and his personal needs, rather than public policy.

CHILD ADVOCACY AND CHILD WELFARE

At the beginning of this chapter, we considered the wisdom of using the term child advocacy relatively loosely, not only to cover all things done on behalf of children, but to express a new sense of accountability and persistence. We have now developed the position that something even more useful and focused can be detected in many of the child advocacy programs we studied, and we have recommended that child advocacy be considered a specific, unique societal function that can be developed, tested, planned, and structured.

If the children's field in general should not be called child advocacy, how should the relationships between child advocacy and child welfare be conceived? The answer is more than a semantic game because it affects organizations and programs on several governmental levels.

Child welfare, in the sense of a children's field, does have a broader connotation that includes the child advocacy function—if one takes a historical perspective or reviews "position statements." But child welfare also has another, frequently used connotation: it is a specific, limited subsector of the children's field that includes several characteristic methods, such as protective services. Our perspective on child advocacy is further clarified if it is contrasted with this narrower, but obviously important and quite prevalent concept of child welfare.

To Kadushin child welfare in its narrower sense "is concerned with . . . a particular kind of social problem—the parent-child relationship network and the enactment and implementation of parental roles and child roles." [1] Because of their concern with this problem, child welfare services undertake various types of intervention into the parent-child relationship network and are customarily classified as supportive of, supplementary to, or substitutes for family life. For example, as supportive services, child welfare agencies generally offer programs such as individual and family counseling, group treatment, and parent education. Supplementary programs often include homemaker service, day care, and summer camps. Substitute care programs for children who must be removed from their own homes usually include adoption and foster home services, as well as group homes, residential treatment centers, and children's institutions. Most of these services are provided by social work professionals and paraprofessionals, using consultants from other disciplines, and their efforts are directed almost entirely toward helping individual children and their families.

We have noted that child advocacy is based on the premise that society has an obligation parallel to that of parents—i.e., to provide adequately for children's welfare. Advocacy derives from the view that a division of labor is developing between what is parental and what is societal guarantee. Since social services are frequently unresponsive to children's needs, special personnel or agencies should be developed to enhance transactions between children and various social institutions. Whereas child welfare agencies and child protective services seek children's welfare by intervening in the parent-child relationship or by substituting for it, child advocacy intervenes into the larger social environment and those institutions that impinge on children's lives. Child welfare services may be viewed as social benefits provided to children with special problems, whereas child advocacy assumes that child welfare services too need systematic monitoring. However, the picture is complicated and definitions are confused because some child welfare services have comfortably added child advocacy to their other functions.

Some child welfare workers do engage in what is now recognized as advocacy on behalf of their clients, usually with the goal of obtaining whatever service is necessary to achieve the primary goal of strengthening or altering the family system. Some child welfare agencies also engage in limited forms of legislative lobbying, but this activity is usually carried out at the administrative level and is often viewed as secondary to the agency's major function of providing individual services. In short, advocacy may appear within child welfare practice as a case service or in child welfare agencies as an administrative function.

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[1] Alfred Kadushin, *Child Welfare Services* (New York: Macmillan Co., 1967), p. 25.

Thus child advocacy may be found in child welfare service programs, as well as education, health, nutrition, and delinquency programs or information and referral agencies. It may be found in agencies that offer direct services and in those that do not. When child advocacy programs include provision of individual services, their unique strategy is to intervene with other systems on behalf of children, in contrast to the characteristic practices of child welfare. Finally, it should be noted that, so far, child advocacy seems to be more of an interdisciplinary endeavor than child welfare and involves a greater proportion of staff members who are paraprofessionals and consumers of service. It also defines children as an interest group more often than child welfare does.

In a recent publication, the Child Welfare League of America called for a "national program to achieve comprehensive child welfare services of high quality in every community—universally available and equally accessible to all children and parents as their legally enforceable right. . . ."[2] The idea that all children have certain rights and that society is obligated to meet their needs adequately is intrinsic to child advocacy. The Child Welfare League's pronouncements also broaden the concept of child welfare services beyond the traditional supportive, supplementary, and substitute care to include preventive services (defined as social action to ensure conditions that promote healthy child development and early case-finding and intervention), regulation of agencies and facilities, and community planning of services for children and parents.

These perspectives and the increasing number of child welfare services that apparently incorporate advocacy activities bring child welfare and advocacy closer together. There can and will be no monopoly, however, because even the broadest definition will not lead child welfare agencies into ongoing relations with all other institutional systems that remain critical arenas for children and families—e.g., welfare, schools, health, social insurance, taxes, housing, recreation—and because whatever child welfare does, other institutional systems and social groups may also respond to the new concern about children's needs and rights.

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[2] *A National Program for Comprehensive Child Welfare Services* (New York: Child Welfare League of America, 1971), p. 1.

In the remainder of this chapter, the rationale for our position is expanded and our concept of child advocacy is elaborated. We will then be able to return to our survey of what is occurring nationally and order the data conceptually in a number of ways. Given a point of view about advocacy, it is useful to get quite specific: For example, how does advocacy begin? What are its major levels of intervention? On what does it focus? What are its potential settings? How are lay and professional advocacy roles structured? In other words, how is advocacy developing and what are its possibilities? But first the issues of goal choice and sanction require attention.

THE SANCTION TO ADVOCATE

A responsible practitioner does not take an adversarial stance without considering whether it is justified. He does not seek change without considering whether he has the right to do so.

Child advocacy requires sanction. The legal advocate in any domain is guided by constitutional guarantees, statutory provisions, and administrative precedents. To the extent that these exist with reference to services for children, child advocacy too has legal sanction for its undertakings. But the issue of sanction is an important one for child advocacy precisely because constitutional precedents, statutory provisions, and administrative practices are relatively incomplete or conflict with one another.

The problem of sanction may not seem important initially: Why should it be necessary to establish one's right to improve services for children or assure program accountability? However, the issue becomes clearer after brief consideration. The child advocate intervenes into institutions. When, by his definition, an institution does not adequately respond to a need or a request for service, he may attempt to make it adapt its approach, become more flexible, or issue a larger grant—depending on the requirements of the case. Or he may attempt to get budget allocations reviewed, new programs started, personnel increased or replaced, control of programs reassigned, and so on. In short, *substantial changes may be sought or demanded* in the way professionals work, resources are deployed, or organizations make their decisions. The child advocate questions the existing patterns of professional discretion, administrative decision-making, and institutional operation. He challenges, interferes in, or demands change when—on the face of it—no one is necessarily departing from precedent, standard practice, or mission. In other words, the advocate can be a gadfly, a problem, and a nuisance.

Thus the issues of sanction, right to intervene, and reference points in choosing targets must be faced in child advocacy because a practitioner, a citizen, or an organization (with either public or voluntary funding) is challenging the domain of other practitioners, citizens, and organizations (which are also funded and probably have a statutory and administrative base). A sense of responsibility and community solidarity demands that child advocacy carefully consider its interventions and its right to intervene. Preoccupation with the right to intervene need not be excessively prohibitive if a "rule" can be found for making decisions on the issue: i.e., how is the right to advocate validated?

If there is a clear-cut legal right to an entitlement (e.g., social security benefits) or a specific service (e.g., schooling for a mentally retarded child or protective services for the child who is allegedly physically abused), the child advocacy group's or practitioner's sanction to act is clear cut. In this sense we refer to justiciable rights: i.e., *legislatively specified benefits for which administrative discretion is quite circumscribed and which can be adjudicated in the courts when administrative agencies do not deliver.* The goal of advocacy then is to monitor practice to determine whether rights are being realized, take complaints, or discover inadequate responses in the course of working with cases. Requests, mediation, and legal action may be necessary to achieve appropriate remedies.

The question of sanction also does not seem too important in situations where agencies or their staff members ignore their own policies, precedents, and procedures. For example, the advocate feels quite comfortable when he insists that a school must admit a child who lives in its district, a welfare department should check its budget computations, or a juvenile court cannot hold a hearing unless the child's parents are present and have been informed of their right to counsel.

Most legal rights in this field that have clear-cut justiciability are based on the principle of "equality before the law." If the advocate, whether lawyer or layman, can show that his client has been unfairly treated, the case is won. The child advocate has no problem about proceeding when he is convinced that individuals or groups with whom he is working are treated differently than others under similar circumstances—either through officials' acts of neglect or carelessness or as a result of discrimination. These are relatively easy cases in the sense of sanction to act.

But advocacy must search more extensively for sanction and rationale when it attempts to obtain rights for families and children that have not been routinely or uniformly acknowledged as such. From where does the sanction to justify interference or adversary actions derive in these instances?

First, we should mention the efforts to expand the parameters of legally guaranteed rights. The case of *Brown v. Board of Education* (1954)—despite the subsequent administrative and political trials and tribulations that resulted—established the right to integrated, equal educational opportunity. The mandate was strengthened by the case of *Serrano v. Priest* (1971), in which the California Supreme Court ruled that unequal education was not acceptable on the grounds that different local school districts had different fiscal capacities. Other state courts have followed California's lead. The advocate has a charge and a weapon to use in such instances, although he faces opponents who will try to use the courts and legislative branch to redefine or reinterpret these rights.

Another illustration is provided by the search for guaranteed income through statutory or court enactment. Some people have focused on court interpretation of client rights in existing welfare statutes, others have concentrated on statutory enactment of a negative income tax (a form of guarantee), and others have rallied around a family allowance. Several efforts have concentrated on assuring that the "health and decency" standard of state social service laws—a discretionary provision—is administratively translated into an adequate budgetary guarantee for families.

Efforts to expand rights along these lines have been concentrated largely in the fields of education and income maintenance in the past several years—which is inevitable, given the statutory base of most services. Therefore, to affect other fields, a new line of argument has been introduced. Briefly, this argument holds that if the state uses its coercive power to incarcerate a person as a criminal, delinquent, or mentally ill or retarded individual, there is inherent in the institutionalization process a promise of treatment or help. With special reference to children, the parent-child relationship is considered primary unless the parent has forfeited his rights through abuse or severe neglect. Even then, however, the state's right to intervene under *parens patriae* can be questioned if it proves to be no more benign or effective than the parent for which it is substituted. In other words, if it can be shown that help or treatment which is equal to the "state of the art" is not offered, the state's right to hold a person is forfeited. A chain of lower court decisions and inconclusive actions along these lines culminated in *Rouse v. Cameron* (1966, District of Columbia) in which David L. Bazelon, Chief Judge of the U.S. Court of Appeals, ruled that St. Elizabeth's Hospital had to release a patient if he did not receive adequate treatment. For our purposes, the fact that little was subsequently done in the District of Columbia to implement the right to treatment is less relevant than the fact that a "rights" basis for advocacy had obviously been established. Clearly, professionals and volunteers who were interested in mental health or reforming the penal system found in the *Rouse* decision the kind of validation of goals and sanctions being discussed here.

Without tracing the intermediary process or referring to similar cases now pending in at least a dozen other jurisdictions, we cite the ruling by Judge Frank Johnson of Alabama in *Wyatt v. Stickney* (1972). In this case, which specifically deals with the children's field, Judge Johnson ruled that if children were committed involuntarily to a state school and hospital for the retarded, they had a right to treatment. Then, taking his cue from the federal court's actions in formulating specific desegregation and busing plans when local school districts proved unable to develop their own, Judge Johnson gave state authorities the opportunity to develop provisions for more adequate treatment. If dissatisfied, he would mandate the specifics. (In fact, the court participated in planning with the administrative agency.)

The *Wyatt* decision raises some interesting questions: Can courts become expert enough to evaluate and impose specific treatments? Will courts instruct legislative bodies not only to raise funds, but to allocate them in accordance with court-defined priorities? [3] What administrative agencies are needed at the various levels of government or in the courts to implement such an approach?

Again, for present purposes we need not explore the tentative answers because the implications for child advocacy are clear. Given a court assessment of this kind about the inadequacies of a treatment facility or administrative agency, those who undertake child advocacy have far less reason to be anxious about the sanction to intervene than if no objective body had spoken out on these issues.

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[3] We are in the debt of Professor Robert A. Burt, University of Michigan School of Law, whose memorandums for the Advisory Committee on Child Development, National Research Council, explore a number of these issues. Some observers have asked whether the "state of the art" in the relevant treatment and service professions allows a scientific base for court specification of minimum service.

We now turn to the most difficult issue of all: the sanction for intervention and even confrontation when no specific right or statement of principle appears in the Constitution, statutes, or court decisions. It is at the cutting edge of the process of evolving and institutionalizing norms and rights that child advocacy, in its extra-legal forms, is most needed and most likely to be challenged to validate its assessments of needs, current provisions, or proposed solutions. And it is here that the practitioner of advocacy, whether professional or lay citizen, must ask himself these hard questions: How do I *know*? Where do I get the *right*? How are my goals *validated*? [4]

Sometimes the advocate may use available professional knowledge and expertise about threats to normal child development as his reference point. When knowledge is firm, he has no inhibitions or difficulties at all. When there is scientific-technical debate or when the professional principle involves an amalgam of knowledge and values, the advocate finds that claiming expertise as his justification is questioned.

Sometimes knowledge and values come together for a time to create consensus about a *social minimum*, which is then built into professional and community norms: e.g., the minimum acceptable amount of calories and proteins needed by a growing child, the minimum acceptable housing standard, or the minimum acceptable education. When a social minimum has been defined in this sense, it is a legitimate reference point for advocacy. (Such statements often appear in preambles to important legislation, White House Conference reports, and political platforms.)

The advocate often relies for sanction on the *self-defined needs of a disadvantaged or handicapped group*. For example, Head Start mothers explore their circumstances together and decide that the food stamp program must be changed so that their children will have enough to eat. The parents of handicapped children formulate a plan for community care that will make life manageable for them. This represents experience and self-definition of what is essential for coping with a situation, not "science," but lay or professional advocates often find this sanction enough.

Some people's validation for advocacy is more philosophical, deductive, and speculative. They look at the society and its families; they examine indicators of the human condition and collect data about families and children with regard to mortality, disease, housing, school accomplishment, and standard of living; they analyze society's resources and possibilities. This analysis becomes the basis for their stance and perspective: i.e., their views of society, justice, and resources guide them in choosing advocacy targets.

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[4] We owe special thanks to Dr. Robert Roberts and Dr. Jerome Cohen of Los Angeles, who highlighted this issue early in our study.

Obviously anyone can develop his own stance and seek to advance it in the communal and political arena. The same can be said for groups. But the professional, paraprofessional, or lay advocate (paid or volunteer) who works in an agency or organization with public backing or charter will want to consider the nature of the sanction, the basis for the advocacy stance. As the substance of the issue takes him farther and farther from established rights and widely recognized knowledge, he will not ordinarily want to be an independent practitioner of advocacy. Even if he is acknowledged as able, wise, and powerful, he will want and need allies to validate his assessments and practice. In this sense, child advocacy programs need governing boards and policy committees that reflect the preferences and perspectives of the constituencies they serve. The constituency in this sense may be the total community whose interests are affected, not necessarily the current caseload of client/users. It may be an ethnic, racial, or cultural group or a neighborhood, district, city, or state. It may be a geographically dispersed group of individuals who share a specific problem or disability. It may also be a professional peer group whose research and expertise justify carving out new territory for assertions about needs. The geographic level involved in seeking broader communal sanction will vary with programs and funding patterns. The extent to which the programs are "free-wheeling" locally in defining their goals or work within national or statewide constraints will also depend on these variables.

Unless the goal is to be assigned to self-chosen staff leaders or unchallengeable citizen leaders who claim to represent the interests of constituencies that they themselves specify, this topic is not readily dismissed. Adopting constituents for advocacy and defining their interests for them is no less arrogant and elitist than it is to defend the status quo as basically responsive and sound, whatever the consequences for people. This does not mean that professional initiative should be minimized; it does mean, however, that even the most dedicated expert should hesitate if he cannot convince a constituency.

In short, concepts of rights must be constantly expanded in a changing society. As society grows more complex and its demand for better individual performance increases, individuals require more education, resources, facilities, and opportunities. On the other hand, society can provide more to individuals because as its productivity increases, so does the proportion of the product that may be allocated for services and consumer goods. However, the process of constant adjustment is not automatic. Advocates of needs (at first a social minimum, then more) are essential to the process. Obviously any member of the community and any political group can and does play a significant role in such developments. For that component which involves institutionalized, publicly supported advocacy, there must be a community or professional point of reference: i.e., goals should be selected, tactics should be set, and progress should be evaluated by constituencies that appropriately represent the interests at stake and are accountable for what is done in their names.

CASE AND CLASS ADVOCACY

The incident described in the Introduction is instructive. A situation arises involving mistreatment of a child. State directives and laws are violated, so there is no question whether intervention is appropriate. However, by the time the prisoner's letter is received, it is too late for intervention to help the specific child who has been inappropriately detained in jail. (This also happens to approximately 100,000 other children in the United States each year!) The commission's executive director—a child advocate and service monitor—therefore responds with a series of actions designed to prevent the recurrence of this practice. Here advocacy has moved from case to cause, or to class of cases, without affecting the precipitating case.

Many of the programs described in Chapter 2 are neighborhood- or community-based undertakings that either concentrate on direct services or utilize direct services as the entry point to class actions or to give credibility to a program that also wishes to affect large groups through its advocacy undertakings. Case advocacy has its own validity and may support class advocacy as well.

The typical case advocacy situation involves a caseworker (e.g., in a FSAA family advocacy project), a case aide (e.g., in a BEH/NIMH neighborhood service center), or a health aide (e.g., in an OEO-funded health advocacy program). In trying to help a family, child, or youth obtain information, referral, counseling, institutional or foster home care, or concrete benefits like food or special types of service, the direct service worker encounters a blockage. An agency is unresponsive, no service is provided, or a promised service does not materialize. Then, as the client's champion, the worker attempts to correct the situation.

When the worker is skilled and sensitive, he never acts if he will interfere with the client's prerogatives or if the client is clearly capable of handling the problem himself. He never acts unless the agency that provides the service has had an adequate opportunity to do so. But when these conditions have been met and it is clear that (1) the worker speaks for the client, (2) there is sanction for the client's demand or an established right is involved, and (3) the machinery needs priming, he adopts the advocacy role.

Professional practice in such a role is not standardized and the methods are only partially conceptualized. Eventually it may be possible to identify interventions by their adversary character and degree of assertiveness. The case advocate begins with the assumption that he and the agency involved share the same goals and that the client's right is unquestioned; the problem is caused by an oversight or the pressure of time. From this point on, the degree of intensity of the action will depend on differences in interpretation of the client's situation, what has already occurred, agency prerogatives, client rights and entitlements, and so forth. The advocate's techniques would involve referral, information-giving, facilitating communication, escort, liaison, mediation, indirect pressure (e.g., asking one executive to call another or describing the problem in an interagency letter), personal representation, or one of various forms of confrontation. (These matters will be discussed in more detail later.) On the case advocacy continuum there is also a place for legal measures, such as letters, conferences, and resort to the courts.

As Chapter 4 will indicate, *class advocacy* does not always derive from a case experience. It is a category of action that seeks to prevent problems and difficulties or assure intervention on a "wholesale" basis for those with problems and difficulties.

Class advocacy can focus on any of the following:

1. Policy. When the advocate's focus is the broad category of policy, he attempts to change the character of a program, the rules of the game, eligibility requirements, and the like. For example, what is the day care fee scale? Is the program to be racially integrated? May a child in a public housing project own a pet? Will the welfare department pay a special clothing allowance at

Easter time? Will a foster parent be permitted to adopt a child in her care?

2. Administrative procedures. Here the overall policy is not in dispute, but the means of implementing it may be. For instance, must the mother ask for the clothing grant in person or is a phone call adequate? Will the visiting public welfare worker make appointments with clients and keep them or will he take clients by surprise? Are boys in the training school to be allowed home visits without notice to the parents as to when? Can the state be prevailed on to close all large, congregate institutions and attempt to work with youths only in community-based hostels? Will the agency assure that interpreters are present so that people with emergencies will always find understanding personnel in the office? Will there be evening clinic hours so that working people do not lose pay when they need treatment?

3. Specific personnel. Occasionally advocacy focuses on alleged malfeasance or nonfeasance on the part of a school principal, teacher, caseworker, aide, inspector, and the like. In other words, the advocate's goal is to effect a personnel change or correct someone's performance.

4. Budgets. The advocacy may focus on assuring adequate appropriations. On the federal level, Congress votes an authorization limit when it enacts a program, but the specific appropriation must be voted on subsequently. Some groups—e.g., lobbyists or special interest groups of parents—may concentrate on the appropriation process. (This is the American Parents' Committee's major approach.) Equivalent activity is undertaken at the state or local level. (In New York City, for example, the Citizens' Committee for Children often publishes an analysis of the city's proposed budget as it affects children and urges strategic revisions.)

5. Laws. If the need is for a new program, major changes in an existing program, or elimination of an existing policy, the target may be the statutory provision. Advocates often lobby for or against legislation. Sometimes they fight proposed legislation in response to a request, or they write legislation, which is turned over to members of the executive or legislative branch for formal introduction. At times the issue is fought in the courts: e.g., a client's case is the vehicle for a "class action"—a legal challenge that, if sustained, invalidates a law or leads to major new administrative departures (see references to the "right to treatment" cases on p. 72).

6. Political action. A number of political organizing ventures, outgrowths of the war on poverty, have recently started to focus on children's issues and now view themselves as part of the child advocacy movement. These groups generally have the redistribution of power and resources as their ultimate goal, unlike the majority of child advocacy programs, which are concerned only with changing service systems. In the present political climate, many leaders of the "New Left" apparently have decided to change their tactics and focus on more narrowly defined issues. Consequently, much energy has been directed toward issues such as day care, school lunch programs, students' rights, and school desegregation. The strategy is to focus on an issue that not only has value in its own right, but will also produce a transfer of benefits and contain lessons for community groups that organize on their own behalf.

Our exploration led to the view that both case and class advocacy are part of a total child advocacy approach. Further specification of their interrelationships and detailed description of each, however, will depend on more experience and research.

CHILD ADVOCACY AS A CAUSE: FURTHER NOTES

The relationship of class advocacy to political action is illustrated by the work of the Children's Foundation in Washington, D.C., which concentrates all its efforts on the School Lunch Program. Although the foundation's ultimate goal is to teach poor people how to organize to advance their own interests, it is also convinced that nutrition is a central issue. Thus the staff decided to focus on nutrition because of the time and resources that were needed to follow one issue closely. For example, the staff must be familiar with the relevant laws and monitor their enforcement, keep abreast of proposed legislation, lobby, initiate necessary legal action, and provide information and technical assistance to community groups.

The 1970 White House Conference on Children and Youth brought together a number of leaders from organizations such as the Washington Research Project, Day Care and Child Development Council of America, National Council of Churches, American Friends Service Committee, and the Children's Foundation who were concerned about children's issues, but also sought broad change through political means. The introduction of the Child Development Bill in 1971 served to bring these people and organizations together in a loose coalition that included civic, religious, education, and political groups. These groups represent the most politically active sector of the child advocacy movement.

Shortly after President Nixon vetoed the child development bill in 1971, NWRO, which was undergoing a period of organizational transition and sought a new role for itself in the future, decided to organize a coalition around children's issues. The organization was looking for new ways to dramatize opposition to the president's Family Assistance Program and hit on the idea of focusing on the negative effects this legislation would have on children. Consequently, it initiated plans for a Children's March on Washington and a day of Senate hearings on children's problems, both of which were held in the spring of 1972. Although neither the march nor the children's hearings had any visible political impact, they did bring together people from some of the more traditional children's agencies and community groups and introduced a more political perspective to one component of the child advocacy field.

This review of how class advocacy and political action may be mixed does not fully encompass everything that occurs. Case and class advocacy have been described here as organized activities, derived from agencies and programs and concerned with sanction and community validation of goals and methods. But is advocacy never spontaneous? Does it never have gifted, charismatic leaders who ignore precedents, definitions, and even constituencies to win assent for their own visions and goals?

There is a type of advocacy for children that is not and should not try to be part of a system. Groups who care about the evil and suffering they see around them may adopt a solution and work aggressively to implement it. Individuals may join with their peers to improve their own circumstances and attain shared goals. Leaders may "take over" for personal or altruistic motives that are not in the least concerned with accountability and sanction and, in the process, may assure the effectiveness of a specific campaign.

Social action, in short, may be organized class advocacy, or it may be the behavior of participants in a cause or a movement. Maybe child advocacy can and will become a cause (as ecology and consumer protection have already become). For a few brief moments in some places it has been. Its targets have been both major and modest—i.e., combating classes of evil or achieving individual entitlements. But the advocacy funded by the federal government or foundations—which is structured according to guidelines and, through analysis and research, seeks for ways to be more effective—

inevitably is organized, bureaucratized, and planned. To call for child advocacy in this sense does not mean organizing a social movement; it means trying to establish a new kind of activity or function within the social services.

The effort to create such a system of advocacy, in the sense of promoting it politically and assuring its victory, also could be described as a cause that was launched by the White House Conference and the Joint Commission on Mental Health of Children. But, so far, the constituency backing the effort has been limited and the social investment in an advocacy system has been modest. Evidence suggests that social action on behalf of children should be encouraged, as should ongoing, built-in intervention into systems. This chapter has sought to specify some of the requirements for a system of child advocacy and its two major manifestations: case and class advocacy.

OPPOSITION

During the course of our research, the executive of a national agency that deals with a specific group of handicapped children confronted us because he was distressed about the amount of government money we were spending to carry out our research on child advocacy. In fact, he was concerned about all investments to create organizational arrangements for advocacy because, in his view, the basic problem was a lack of resources for services and spending money on anything other than services was wasteful.

Child advocacy—which can be conceptualized as a service—has a direct cost in terms of funds required to hire personnel and, often, to set up new organizational structures. So far, the investment has been modest because the programs have been "projects" and "demonstrations" rather than ongoing efforts. Yet we found that federal expenditures were more than $7.5 million during the fiscal year 1972 (the first year of our study), and our data were incomplete. A modest increase in federal expenditures occurred in the fiscal year 1973. If advocacy is further institutionalized, costs will be far higher. Like all public expenditures, child advocacy programs will then compete with other social service programs for scarce resources. Thus the lack of sufficient funds and the necessity for hard choices is an obstacle to child advocacy's development. The view that there are higher priorities is the basis for opposition.

Costs can and will be modest if much of the child advocacy is built into existing professional roles. (This point will be elaborated on later.) Some of it—particularly some class advocacy, but also case advocacy, such as that of the Citizen Advocacy Programs inspired by Dr. Wolfensberger—consists of volunteer activity. Thus a modest administrative investment generates considerable personal service. But the elaboration of child advocacy will require organization, personnel, and materials; i.e., there will be real costs. We believe that whatever the incremental costs involved in advocacy, they should be judged by whether they ultimately purchase more responsive, relevant, and effective services. After a period of development and tooling up, programs should be evaluated in these terms. They have sufficient potential to justify modest beginnings, but they should be expected to make their own case over time.

Doubters and opponents pose yet another reservation: child advocacy is residual. Because it takes the service network or institutional system as a given and tries to improve the way an individual or class of individuals is treated, it can blunt the edge of reform that seeks larger objectives. At its most skeptical, this view alleges that child advocacy is a diversion which results in steering its proponents away from social policy.

This category of objections may or may not be valid, depending on a variety of factors such as the following:

1. Case advocates can limit themselves to remedying institutional responses to individuals or families, or they can learn lessons from cases that are relevant to administration, planning, and class advocacy. Many neighborhood-based child advocacy programs combine case and class advocacy.

2. Participants in class advocacy can content themselves with minor incremental improvements, generally in the area of administration, or they can undertake more basic policy thrusts, such as new laws, new programs, fundamental changes in policy, and major increases in funding.

The case can also be made that social policy initiatives with large impact gain validity and credibility if they derive from case and class advocacy activities. Such activities become sources of enrichment, not diversion.

The argument that child advocacy diverts its proponents from social policy is most valid in situations where the operation is controlled and constrained by administrative bodies and professional groups that avoid questions which are difficult to answer. For this reason we have described the need for a variety of sanctioning processes: consumer constituencies, when professionals are constricted; professional organizations, when service agencies are rigid;

and volunteer observers, if trained workers have become myopic. We also maintain that this is a case against excessive bureaucratization and hierarchy in advocacy programs (see Chapter 6). Maximum effectiveness may be achieved if units are independent and if control of operations from one governmental level to the next is avoided. If advocacy programs do not challenge the existing constraints on resources, propose new income maintenance, or question the programs of major federal agencies, i.e., if the targets are always local "small potatoes," there is a basis for concern. If the targets of advocacy are mixed—i.e., various levels of government and both public and private agencies—and if its objectives are usually reasonable and occasionally ambitious, advocacy will develop usefully.

One further comment should be added for the benefit of those who see case advocacy and even class advocacy as addressing minor targets, or at least see them as not changing what is described as "basic" social policy. A practitioner would defer the extreme problems or needs of a given child or family only because of his strong ideological commitment to the notion that circumstances should be allowed to deteriorate so that pressure for major social change will increase. Organized social welfare institutions cannot espouse such a view because of their social mission (and, for that matter, historical evidence bearing on such assumptions). But this does not prevent individuals from advancing these ideas as part of a general case against social services. Child advocacy, however, is based on the premise that the growth of the social service system is valid and that, because of its nature, child advocacy as a function will continue to be essential to the system.

Opponents also have other objections to the cost of child advocacy. One is that advocacy's targets are often categorical: e.g., mentally retarded children, physically handicapped children, children with a specific disease, and so on. Thus the emotional response to the appeal is perhaps tied to the suffering imposed by the disability, not the size of the group involved. Just as fund-raising campaigns in the voluntary sector produce results that are proportionate to the appeal rather than the need, so might categorical advocacy become an antiplanning force.

This concern is appropriate. Nevertheless, parents of children with specific illnesses or handicaps will continue to initiate categorical programs, and strong emotional appeals will inevitably continue to win allies. This will occur whether or not advocacy services are promoted or encouraged. Yet if only categorical advocacy programs are created, the service systems and social policy generally will continue to be off balance. The remedy appears to lie in a deliberate effort to create somewhat more general or universal child advocacy instruments as well. Therefore, particularly in the realm of class advocacy, there should be groups whose concern is the plight of all children, or at least all poor children, just as there are case advocacy and class advocacy instruments for special categories among the handicapped.

There are two other kinds of opposition to child advocacy or to any kind of advocacy in the social services. By its nature, advocacy has an adversarial character, except in instances when it remedies unintended acts of omission or offers previously unavailable information that creates consensus about the remedy. Adversarial action, whether mild (as in mediation or representation) or intense (as in confrontation) introduces a new and different emotional quality to worker-client and interagency relationships. Some observers feel that the price of advocacy is excessive in terms of tension, hostility, and suspicion in a field in which there should be collaboration and good will. Closely related to this is the view that organized advocacy, which challenges courts, police, schools, health departments, and social service agencies, tends to undermine legitimacy. If an institution can be challenged, resisted, or even changed, it loses some of its authority and potency.

These concerns should not be taken lightly because unnecessary social conflict and tension are costly. Decreasing the legitimacy of social programs can potentially cause a chain of undesirable and unanticipated effects. Yet there is little choice. Child advocacy is developing because there are serious inequities and deficiencies in policies and programs. Frequently, it can be carried out in a collaborative manner, and when it must become an adversary process, this too can be constructive. Latent differences in values and interests must be exposed if problems are to be resolved, and social tension and institutional instability are often the temporary price of change. If the welfare of our children is at stake, this cost seems small indeed.

4. Advocacy in Action

Child advocacy, to a considerable degree, has been a matter of dedication to a point of view. Its only common denominator is a generalized commitment to children's rights and to improving social provision for children. There has been some attention to structures, but, as we shall see, little systematic knowledge about the effects of structural variables. And there has been virtually no systematic theory about methods and techniques. The assumption has been that good people with good motives will find a way to do what is necessary.

But the commitment to facilitate ongoing case and class advocacy poses somewhat more demanding requirements: qualified personnel, training, validated methods, more self-conscious processes. In short, the development of a child advocacy function in social service programs calls for some concern with knowledge, if only the accumulation of experience and its classification from perspectives meaningful to practitioners and policy-makers. The literature contains some suggestions and tentative theories. In this chapter we offer our first notions, derived from the study. Because most programs are young and have not yet assembled materials in any systematic fashion and because our exploratory study could not turn to method and process until it had coped with boundary questions, what follows is perforce fragmentary.

HOW CHILD ADVOCACY BEGINS

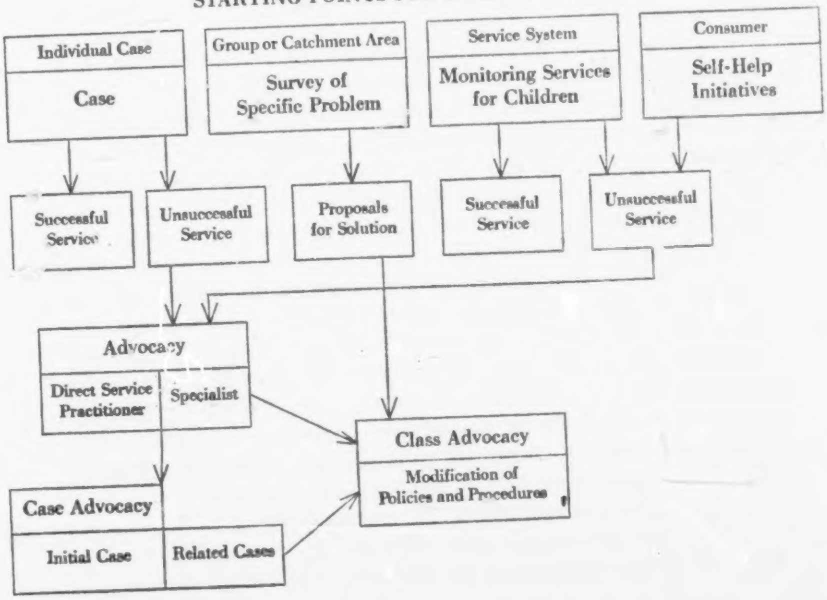
The Case

Much of child advocacy begins with a specific case. Sometimes case advocacy is launched in an information and referral program (an access service) and sometimes in a program that provides a specific service. (See Figure 1.) Sometimes case advocacy is the responsibility of a specialist, who may be called advocate, aide, "linking-pin," liaison, or ombudsman, and sometimes it is one aspect of a direct case service practitioner's role. All these matters require some elaboration.

We note in Chapter 5 that some child advocacy programs which want to focus on policies find that case services offer them credibility and entry. Many other programs see case advocacy as their major function. Typically, a social worker engaged in assisting a child in school or an adolescent in a delinquency prevention program finds that counseling alone is not enough: the client also needs access to a training program or a transfer to a special program in addition to or perhaps as the major service. Or perhaps the client's need for medical follow-up has high priority. Thus the direct service worker becomes aware of or even initiates a relationship between his client and another service system (or institution, to use the sociological term).

Figure 1

STARTING POINTS FOR CHILD ADVOCACY


Individual Case
Case
Group or Catchment Area
Survey of Specific Problem
Service System
Monitoring Services for Children
Consumer
Self-Help Initiatives
Successful Service
Unsuccessful Service
Proposals for Solution
Successful Service
Unsuccessful Service
Advocacy
Direct Service Practitioner
Specialist
Class Advocacy
Modification of Policies and Procedures
Case Advocacy
Initial Case
Related Cases

If all goes well (i.e., the service is successful), the matter needs no special attention. The direct service worker continues his parallel efforts, knowing that the service is being given, or he closes his case, if nothing else is required. But when the service provided by the other agency does not go well (i.e., the service is unsuccessful), the direct service worker may become an advocate.

In a sense, no caseworker, aide, or group worker can forgo some sense of involvement if the child or young person he serves depends on service, help in adjusting, or cooperation from another service system and it is not forthcoming. What child advocacy does is accentuate the practitioner's case responsibility and sanction some degree of follow-through. (This is why advocacy seems new to some practitioners and not to others.)

When case advocacy occurs, it sometimes appears as *an extension of the role of the direct service practitioner.* Just as the practitioner counsels the family or child or opens doors to resources, such as food stamps or summer vacation camps, he sees his task as assuring that other institutions are responsive to his clients' needs. His skills, then, must involve liaison, interpretation, persistent questioning, reference to rules and laws, readiness to consult with legal counsel, representation at hearings and before administrative boards, referral to legal representation, and so forth. (Our list is tentative and incomplete.)

In these activities the practitioner takes a somewhat different tack from that which has characterized many direct service personnel in the past and still does in settings in which the primary service (e.g., intensive personal counseling or therapy) seems to contraindicate advocacy. ("The client should be brought to the point where he can or does advocate for himself. That is more important than the benefits he will derive if we intervene into the service system for him.") When the direct service worker does commit himself to advocacy because it is compatible with his service role, he departs from the neutrality that is traditional in some settings. He cannot function without extensive knowledge about community resources and the rules and administrative procedures of those programs that are most important to his clientele. When the resource is used so rarely that the practitioner is unlikely to have current knowledge about it, adequate information must be accessible through an information library, manual, or consultant.

In a significant proportion of the community-based programs we surveyed, case advocacy in this sense was the responsibility of the direct service practitioner in the context of his overall service role.

On the other hand, one of the characteristics of the present child advocacy development is the tendency to set up *specialists* who are approached by clients or receive referrals from colleagues or other agencies precisely because persistent follow-through and a readiness to use adversary techniques are considered essential in the service situation.

It is our impression that case advocacy specialists generally tend to be aides, paraprofessionals, and neighborhood personnel. The direct service worker who incorporates advocacy as part of his role, on the other hand, may be in any of these categories or may have a master's degree in social work or an equivalent degree in a related profession.

The intermediate setting is the neighborhood information center or referral service. The nature of this setting means that the client is sent elsewhere to obtain a case service or gain access to a right or entitlement. The nature of the access worker's role demands that he have expertise in the service system and knowledge of laws and procedures. His daily activity demands skill in liaison work and persistence in following through to be sure that the client actually receives service or help. Nevertheless, even access services—the generic name for information and referral centers and the like—vary in the extent to which they define themselves as advocates for those who come to them for information. Some services are identified more with the service networks and with serving the service networks' needs for public education and case channeling than with helping consumers overcome obstacles to obtaining service.

In summary, we list a series of case advocacy situations that could occur in some agencies we studied:

- A child is excluded from regular classes because of his problem behavior and his inability to keep up with the class. His parents are told that he cannot be admitted to a special class until he has had a diagnostic evaluation, but there is a three-month waiting period at the local hospital's pediatric clinic. The advocate contacts the clinic, explains how the delay will affect the child and his family, and convinces the intake worker to see the child on an emergency basis.[1]
- A teen-age unmarried mother is suspended from school because a school policy stipulates that pregnant girls cannot attend regular classes. The advocate contacts the school principal and

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[1] The advocates referred to in these illustrations are often "specialists," but sometimes they are direct service practitioners whose responsibilities include advocacy.

explains that the girl can complete her senior year before the birth of her child, but if expelled she will probably never complete her education. When the principal informs him that he can do nothing about this since it is a school board ruling, the advocate requests a hearing before the board. He presents a compelling case, pointing out that the policy creates school drop-outs and forces young mothers on the welfare roles since they are unlikely to find a job without a high school diploma. The school board decides to reverse its policy, and the girl remains in school. (In this situation, the "case" has led to a "policy" outcome.)

- The foster parents of an eight-year-old child suddenly receive a call from the Department of Child Welfare that the child's mother has remarried and wants the child released to her the following week. The mother has a long history of erratic behavior, failed twice before when she took the child home for brief periods, and has not contacted the agency in three years. The advocate calls the worker and states that because the child has been with the foster parents since birth, except for two brief periods; has no ongoing relationship with her mother; and is making a good adjustment with the foster parents, who want to adopt her, she feels a full investigation is in order and that termination of parental rights should be considered. The agency worker agrees that the case deserves more consideration and eventually files for a court hearing regarding the mother's suitability.
- A welfare mother with a large family complains that her housing is inadequate and that she has been waiting for three years to get into public housing. The advocate calls the housing authority and discovers that the family has been excluded because the woman has six children, one of whom is illegitimate. Therefore, the advocate threatens the housing authority with a legal suit on the basis of unfair discrimination. A public housing unit is located for the woman the following week.
- A youngster is arrested for stealing a car with a group of older teen-age boys. The advocate telephones the probation intake worker and—on the basis of prior information—explains why the boy became involved with the group. The advocate asks the probation officer to recommend that the charges be dropped on the condition that the advocate will continue therapy with the boy's family and involve the boy in one of the agency's recreation programs. In the course of the discussion the advocate and the probation worker decide to develop a joint proposal for a project in which all first offenders will be referred to the agency for counseling rather than be charged in court.

- A girl is suspended from school for skipping a class. She tells the case advocate that the usual punishment for this offense is detention after school, but because her teacher is prejudiced against her, she has been suspended instead. The advocate accompanies the girl to the principal's office, explains the facts, and the girl is reinstated in school.
- A parent complains that her son, who is a patient in a state school, is not receiving adequate physical care and is not enrolled in any educational program. The advocate visits the institution, is shocked by the conditions there, and attempts to reach the administration with his complaint. When he does not get satisfaction, he contacts a local branch of the American Civil Liberties Union (ACLU), provides them with adequate documentation, and asks what they can do. The ACLU lawyer eventually institutes a class suit on behalf of all the children in the institution, claiming that under state laws all children must receive an education and, therefore, the state must initiate a full school program in this institution.

It will be noted that in all these illustrations, case advocacy is seldom "pure." Most of the situations, when resolved, may affect the ways in which personnel deal with subsequent cases, whether or not procedures, policies, or laws are changed. But although we fully recognize the spill-over effect, we suggest the term case advocacy to describe situations that involve an attempt, utilizing one or another advocacy technique, to solve the situation for the presenting case.

Survey of a Problem or Need

Sometimes advocacy develops through a study of problems or needs that is undertaken as the result of one kind of initiative or another. This may be illustrated by the charge OCD gave to seven Parent and Child Centers (PCCs), selected from the total group of such centers to undertake advocacy. The charge was translated into the following mission: in addition to its normal service function, which could lead to case advocacy in the sense just described, each of the specially funded PCCs would be expected to carry out a survey of needs in its "catchment area" (a public health term meaning the geographic area covered). Then, on the basis of needs discovered during the survey, the center was expected to plan ways of assuring that services would be developed to meet some of the most significant unmet needs. (The commitments to planning and action and the route to be followed in coping with the unmet needs were not specified; presumably they were left to local initiatives.)

This is an old tradition. For example, the public is outraged by a report of child abuse, and a legislative commission is assigned to investigate or conduct a systematic study. There is a shortage of day care facilities, and the local welfare council commissions a study of need. There is concern about adolescents who are at "loose ends," and a civic group decides to appoint a committee to carry out a study and develop a program for "prevention." Several groups complain that children are not moved rapidly enough from detention homes or shelters into foster homes and group residences, and a sectarian welfare federation assigns staff to work with a lay committee to find out what its constituents might do to help. Local government, welfare councils, sectarian federations, or a single social agency may become concerned about a specific population (e.g., the aged, adolescents, single-parent families) or a population that shares a specific problem or handicap (e.g., autistic or deaf children, runaway adolescent girls, teen-age drug users) and may then undertake a study of that population's needs.

These studies may be formal and methodologically rigorous or consist of informal reports that are written after surveys are conducted by concerned volunteers. They may be comprehensive or relatively modest. Typically, they are mimeographed and distributed locally, but occasionally they are published commercially and assume national interest. The relevant point here is that such reports are obvious take-off points for planning activities and then for class advocacy.[2]

The survey of a problem or need leads to proposals for action. A proposal may go into the policy-making and administrative machinery of a single agency (to modify policy and procedures or to add a program or function) or a federation of agencies (for similar purposes). It may go to a council of social agencies or a Community Chest (to encourage a local agency to change its program or find a way of initiating a new service). It may go to a department or to the executive or legislative branch of a local or state government or even the federal government (to change or upgrade personnel, modify policies and procedures, increase appropriations, or launch a new program).

On one level, findings and recommendations are merely passed along as contributions to administration and planning. Many groups that carry out investigations and studies can and will do no more. Nevertheless, some of these reports are quite effective. For example, a study on the cost of foster care over a child's lifetime in care, conducted by the Research Center at the Columbia University School of Social Work, had considerable impact on a U.S. Senate subcommittee in a critical moment of legislative drafting.[3]

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[2] Alertness is required because a decision to study a need may also be a way to postpone action that almost everyone recognizes is overdue.

However, publication usually is not enough; studies are often ignored or are given low priority and filed. The traditions of social agencies, civic groups, self-organized interest groups, and some research centers therefore permit various gradations of advocacy in an attempt to implement recommendations. The activities may encompass educating the public, testifying at public hearings, answering inquiries from legislators or the executive branch, filing *amicus curiae* briefs, writing and lobbying for legislation, lobbying for budgetary appropriations, seeking funds to carry out a demonstration program that will change prevailing patterns, picketing or leading various types of confrontation to close down programs or obtain promises of program changes, using the mass media to expose scandals, and so on.

The research that inspires class advocacy is not always focused on expanding or improving service in a specific program or agency. For example, after a series of studies that focused on reforming juvenile court, detention, probation, and related programs, the Citizens' Committee for Children of New York concentrated on the characteristics of the total system of services—i.e., the coordination, case integration, and accountability of the network per se.

Monitoring of Services

Sometimes case or class advocacy (generally the latter) begins with monitoring services for children. By monitoring we mean organized ongoing efforts (that vary with regard to formality and rigor) to determine the quality and quantity of an available service or the effectiveness of what is being done in comparison to the goals that have been set. The issue can be any one of the following: Is the alleged service actually available? Is it sufficient? Is it adequate? Is anything useful being achieved? How do children feel about it? Is the law being obeyed? Monitoring may be done by direct service agencies, specialized civic groups, statistical and research bureaus, self-organized clients, official consumer committees, public interest law groups, governors' committees for children and youth, "inspectors general" or their equivalents in administration, and so forth.

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[3] David Fanshel and Eugene Shinn, *Dollars and Sense in the Foster Care of Children: A Look at Cost Factors* (New York: Child Welfare League of America, 1972).

When the needs of a specific child or family are not being met, the monitoring agency itself may attempt to serve in a liaison capacity, taking on a case advocacy function if the response is deemed inadequate or referring the case to a service agency that will then undertake case advocacy, if necessary. This process is not unlike case advocacy in an access service or direct service agency.

More often the monitoring agency accumulates instances of missing service, poor response to client needs, abuse, and the like and decides that the scale of the problem requires "class" measures: i.e., seeking changes in administrators, service personnel, policies, or procedures; campaigning for new programs or benefits; lobbying for larger budgets or passage of new legislation; or insisting that programs be closed down.

In the long history of American social services, monitoring of abuse and reports of extreme need have often launched change efforts. In the 1840s Dorothea Dix campaigned to get the mentally ill out of jails and almshouses and into new state hospitals. The Humane Societies of the 1870s and 1880s demanded child protective legislation to cope with neglect and abuse. Before and immediately after World War I, reports derived from citizen monitoring had a significant impact on campaigns for state "mother's pension" laws and laws to abolish child labor. In the 1930s and 1940s there were campaigns to enact juvenile court legislation. In the 1950s there were major efforts to stop the practice of detaining children in jail.

These illustrations could be multiplied many times. What is new, however, is (1) the self-conscious attempt to see case services per se as ongoing monitoring opportunities that may lead to class advocacy and (2) an increasingly deliberate effort to assure monitoring instruments on various geographic levels that involve client-consumers who are themselves (e.g., youth groups), or whose children are, the service recipients.

The accumulated experience in this field is most readily identified in groups that have long considered themselves to be "watchdog" organizations. In New York City, for example, the Citizens' Committee for Children has espoused the cause of "community presence"; its volunteer members and staff constantly visit state training schools, mental hospitals, shelters, detention homes, public welfare offices, day care centers, well-baby clinics, and child health stations. Such observations are sometimes the take-off point for class advocacy. At other times, they inspire more systematic surveys or research, which in turn guide class advocacy.

As seen in our Introduction, the executive director of a state commission for children has an assignment that features service monitoring and uses it as a take-off point. The Washington Research Project undertook the monitoring of implementation of court decisions on school desegregation, only to find that the task was overwhelming in several respects.

Parents of institutionalized children are organized in a variety of associations, especially in the fields of retardation and mental illness. Some of these groups do careful monitoring, as do self-organized groups concerned with community care for the retarded, mentally ill, or other handicapped groups. Sometimes official "visiting" committees monitor institutional care; at other times they are too involved in "the system" to have an independent perspective.

Controversy has developed, especially in urban ghetto communities, over the insistence of some self-organized groups that they have the right to monitor teachers' classroom performance, the quality of lunchroom food, or activities in day care centers. Problems arise when frequent visiting disrupts classroom routines, the relative prerogatives of administrators and "community" monitors are debated, and different standards are applied to school needs and services (e.g., is the lunchroom food to be "nutritionally adequate" or "adapted to the children's family eating patterns"). Sometimes the basic issue involved in the controversy is the threat that such monitoring poses to the long-established prerogatives and habits of professionals or to the rights of unions. At other times there are genuinely complex questions about where expertise and preferences converge and what domains must be left to administrators if they are indeed to be held accountable.

Monitoring, as indicated, may be based on visits, observation, or "case" experience. But it may also be based on sensitive and sophisticated manuals, guidelines, contracts, and budgets. There are many types of indicators that may alert monitors to problems, pathology, waste, and nonfeasance. Thus monitoring is a field that demands innovation and ingenuity.

By its nature class advocacy that derives from monitoring is likely to become adversarial and inspire a degree of controversy. The circumstances involve allegations of nonfeasance and misfeasance, unless it is claimed that the statutory base is inadequate or that too few resources have been allocated. Class advocacy is often directed toward changes in personnel, procedures, programs, or laws. Those who are intimately involved may want to defend themselves or familiar ways of doing things. Nor is there any a priori basis for assuming that they or the programs are never misjudged, monitors are always representative, reports and complaints are never inaccurate, or proposals are never ill advised.

But monitoring is unavoidable if primary groups (e.g., families and neighborhoods) and special interest groups (e.g., parents of handicapped children) are to defend themselves against the self-protectiveness of bureaucracies and professionals. Few of the newer child advocacy agencies we surveyed have pioneered in monitoring activity, although several recognize its importance. Further development along these lines seems likely, particularly in the area of identifying direct service operations as targets for monitoring. Special efforts will be needed to develop monitoring approaches to the several categories of child care institutions that serve up to 250,000 American children at a given time in circumstances with low public visibility. Here the issue is: What approach will have credibility for both children and institutional staffs? What approach will go beyond the one-time exposé and assure continued "community presence"?

Self-Help Initiatives

The direct personal experience of children and parents may serve as the take-off point for class advocacy of all kinds. The categories of activity are similar to those listed under monitoring; in fact, self-help groups often operate through monitoring activities. However, parents whose children have specific handicaps and adolescents who share unfortunate experiences with the school system or police do not necessarily organize for or need specific monitoring arrangements. Their class advocacy derives from their own experiences as consumers or members of the public and from their assessments that the treatment they have received is inadequate.

For example, in New York City, members of the Lower East Side Action Project, guided by its director, Larry Cole, have monitored juvenile detention practices and have drawn on their own experiences as ex-inmates in seeking reforms. In the spring of 1972, thousands of parents—most of whom were minority-group AFDC mothers from large eastern cities—marched in Washington, D.C., under the auspices of NWRO and cooperating groups to demand adequate legislation and appropriations to assure health services, food, and other basic necessities for their children. Foster parents who are members of state or national organizations have focused on what they and their foster children are guaranteed by placement agencies and on their rights in relation to foster children. Adoptive parents also have mobilized on behalf of their own and their children's interests.

LEGAL AND NONLEGAL ADVOCACY MEASURES

Legal concepts and guarantees are major anchors for child advocacy. This was accented in our discussion of goals and sanctions (see Chapter 3). Legal intervention is a possible point of departure in both case and class advocacy. The lesson was well dramatized in 1954 in *Brown v. Board of Education* and *In re Gault* in 1967 (which formulated a "due process" charter for juvenile court respondents), and new possibilities were opened up by the Alabama "right to service" case. Similarly, the judicial system may be a target of child advocacy, as we also indicated earlier.

Nevertheless our survey did not locate many specialized local or national legal programs that were working as advocates for children. A surprisingly small number of public interest law groups and individual lawyers focus on "making law" (class actions) or representing individual children, although, of course, children and their interests remain within the purview of all neighborhood legal services.

Most lawyers are assigned to defend children's interests as the result of court decisions (the *Gault* decision mandated access to counsel in some juvenile court actions) or related legislative developments. These lawyers (called law guardians or juvenile defenders) are sometimes public employees, are sometimes employed by local legal aid groups, and are sometimes volunteers employed by private firms. In addition, a few nationally recognized and foundation-backed public interest law groups are trying to bring about further reforms in juvenile court laws, monitor services of special significance to children, or test and implement new concepts of rights for children in special circumstances (e.g., the institutionalized) or with special needs (e.g., the retarded).

What is the relationship between the legal child advocacy process and the nonlegal approaches to case and class advocacy that characterize most of the programs we have identified? Two conceptualizations are described in the literature and discussed by persons concerned with distinguishing lay and legal advocacy: (1) One proposed model suggests two parallel advocacy systems—the legal and the lay—which may refer cases back and forth to one another, but which function essentially as discrete and autonomous programs. Each system has its own continuum, ranging from consensus and cooperation to confrontation. Each has some adversary components, since that is the nature of the advocacy process. (2) The alternative model may have either legal or lay auspices, but both types of advocacy processes are interwoven. Advocacy may be initiated through lay efforts or legal action, but one approach is stimulated, extended, and reinforced by the other. Generally, legal advocacy is the more forceful approach. It may be used when negotiation and persuasion fail to achieve the desired goals, or it may provide the initial foundation from which extensive lay advocacy then proceeds.

Although both models have theoretical validity, it is the latter model—the interweaving of lay and legal advocacy—that seems more prevalent in current practice. With the exception of the National Juvenile Law Center in St. Louis, Missouri (an OEO-funded back-up service for Neighborhood Legal Service Programs that now concentrates on juvenile law reform), most programs that involve legal services incorporate, or try to incorporate both legal and lay approaches. The auspices of these programs vary; a program may be a legal facility that includes a supplementary service component or a legal division of a lay advocacy service. But regardless of their operating base, most of these programs try to include both legal and lay advocacy to achieve desired objectives.

For example, the Kentucky Juvenile Defender Program began as a case-based legal service program. Shortly after it started operations, it concluded that its focus was too narrow and began to incorporate extensive direct service, community organization, and class advocacy components.

In contrast, United Bronx Parents—a lay advocacy program in the Bronx, New York, which trains parents to act as advocates for their children in the school system—is currently seeking funds for a legal facility. Having identified certain factors that constrained the program's effectiveness, the members concluded that legal intervention was required.

The Children's Defense Fund, a neighborhood legal service program currently being launched by a lawyer in California, is premised on the fact that since court action is slow and costly, it should be used only after other advocacy strategies have failed. Although the program is still in the planning stage, it presumably will incorporate both lay and legal approaches.

A final illustration of a program that uses both legal and lay advocacy in complementary ways is the Center for the Study of Student Citizenship, Rights and Responsibilities in Dayton, Ohio. An OEO-funded Neighborhood Legal Service Program administered by a nonlawyer, it is essentially a lay advocacy program that emphasizes case advocacy and students' rights. However, it has a lawyer on its staff and uses the St. Louis program described previously for necessary backup and staff training. Recognizing the limitations of court actions, this program views legal intervention as the bulwark of its advocacy process. Such intervention provides the necessary impetus for change and thus establishes a new reference point from which lay advocacy can take off. It also provides an effective strategy of last resort when extensive lay efforts fail and a stronger adversarial stance is required.

This intermingling of legal and lay advocacy is not unique to child advocacy programs. Historically, advocacy was incorporated into social services in an attempt to change the practitioner's relationship to clients. It derives from concepts of rights, sees the practitioner's responsibility to clients as superseding his responsibility to the agency, and is interested in both case and class approaches. Mobilization For Youth in New York City, the first illustration of this approach at the neighborhood level, established its legal service program only after it recognized the limitations of lay advocacy. Several advocacy programs (New York's Citizens' Committee for Children, for example) have included lawyers on their staffs and have supported the active professional participation of lawyers on their boards.

Although they acknowledge the importance of the legal process, many people who are active in child advocacy programs do not see the process as the major one in the field. The Alabama "right to treatment" case dramatizes this point: courts may help to establish general rights or eliminate inequities, but it is not within their expertise or administrative capacity to muster the persistence needed to reform services case by case or point by point. However, the Office of Children's Services, recently established under the auspices of New York State's Judicial Conference, tries to provide the Family Court with the resources necessary to undertake this function.

We believe that until the child advocacy process is better formulated, goals are more clearly delineated, and alternative structures have been tested more systematically, there is no definite answer regarding the relationship between legal and lay advocacy. Obviously, both processes are essential components of advocacy on behalf of children, and the relationship between them deserves further consideration.

TARGETS FOR INTERVENTION

Advocacy must have a target if it is to realize its goals. The target is whatever is seen as the critical or most accessible locus of decision-making: it can be the case, the local service agency, an administrative or executive agency, a legislative body, or the court system.

1. **Case.** As already discussed, some advocacy is content to solve the problem involved in a specific case. This holds true whether the situation involves case advocacy (in a direct service program or access service) or legal advocacy that does not become a class action (e.g., legal action in New York to get the education authorities to pay tuition for a retarded child under existing entitlement). When the case is the target, the advocacy generally deals with local agencies.

2. **Local service agency.** When the target is not the case, or not the case alone, the advocacy often focuses on the local service agency. Schools, health programs, and juvenile courts are popular targets, for instance. Sometimes the target is a welfare or food program. Surprisingly, housing programs and public assistance departments are infrequent targets, perhaps because they are considered to be beyond the scope of child advocacy programs. When the local service agency is the target, whether it is publicly or privately funded, the advocacy often concentrates on procedures and policies. Sometimes the emphasis is on personnel, program content, or the response to a specific category of client.

3. **Administrative or executive agency.** Whether the target is a voluntary program or one with federal or state funding, the conclusion sometimes is that the reforms cannot or will not be carried out by the local service agency. When the class advocacy turns to budgets, laws, overall policies and guidelines, eligibility rules, or the need to replace or recruit high-level personnel, there is often no choice but to go to the source of administrative or executive authority. Class advocacy therefore deals with governors, commissioners, administrators, mayors, county executives, chiefs of state departments, regional officials, and, occasionally, federal administrative personnel. For this reason, class advocates often must combine technical expertise with political and negotiation skills. They must know government structures, departmental procedures, laws,

programs, and fields of service and know how to bring about change. Class advocacy on this level may involve a teaming up of a paid expert with citizen volunteers, but sometimes the volunteers themselves have the necessary influence and expertise. The director of one federally funded, statewide advocacy program, for example, is an expert in reaching and influencing major officials, but she would be far less effective if she were not well informed about substantive issues.

4. Legislature. Some advocacy groups undertake to promote or block legislation or influence budgetary actions by legislative bodies. They testify at hearings, urge legislators to introduce bills, lobby, and try to get mayors or governors to sign or veto bills that have been passed. Civic groups, agencies with special interest in the children's field, and self-organized parent groups focused on legislatures long before child advocacy was formulated as a unique process. The federal government has been the locus of operations for several lobbying groups that concentrate on specialized aspects of the children's field, especially education, and it has been the target of one modest generalized effort, the American Parents' Committee. An attempt to create a powerful, broad-based Children's Lobby in Washington, begun during 1971–72, has achieved no significant success as yet. State governments are the usual arena for activities of this kind because they are more accessible to social agencies and civic groups that undertake actions vis-à-vis legislatures.

Since the 1969 tax legislation, nonprofit groups have been more cautious than ever in undertaking lobbying activities. Some do lobby, expending a modest 5 percent of their resources (as defined by law) on their highest priorities. Others focus on nonpartisan educational efforts that either are unrelated to pending bills or are responses to queries from the legislative or executive branch about the consequences and merits of proposed measures. As long as the tax laws remain unchanged, nonprofit civic groups and social agencies will be constrained from lobbying activities. The self-proclaimed lobbying groups in the children's field that do not seek tax exemption are likely to be few in number. Thus the major lobbying will have to be done by citizens at large who respond to an abuse or revelation or organize for a specific urgent cause or by parents whose children have unmet needs and whose only recourse is at the legislative level.

5. Courts. Juvenile and family courts play major roles in the lives of children in trouble. Neglect, abuse, and delinquency may lead to long-term supervision, infringement on parental rights, foster home or institutional care, and many other changes in a child's or family's life. In some places, the court is a major instrument for making services available (e.g., mandating public funds to pay tuition). The courts also may become the instrument of advocacy—important way-stations on the path to guaranteeing equal treatment in the service agencies, ending undue interference with child or parental rights, assuring due process, and the like.

Juvenile and family courts have been the object of major legal class actions in recent decades. They have also been the object of a series of decisions handed down by the Supreme Court since the *Kent v. United States* decision in 1966 and the decision *In re Gault* in 1967. In addition, these courts have been the target of reformers who want to redefine their jurisdiction or procedures by reforming state laws or improve their performance by providing more staff or resources and better judicial personnel. In other words, the courts, like other institutions, are both potential targets of and instruments for advocacy.

BASES OF OPERATION FOR CHILD ADVOCACY

It is possible to categorize child advocacy programs according to their base of operations. In other words, programs can be established at either the local, state, or national level, relatively independently of their funding sources. As a result, there are federally funded programs that operate at the local, state, or national level. Similarly, state-funded programs operate at both state and local levels, and programs funded by voluntary sources operate at the local, state, or national level.

The base of operations seems directly related to the targets of intervention. Generally, programs can be divided into three major groups: (1) locally based programs that concentrate on effecting change in case situations and/or local service agencies, (2) state-based programs that focus on state administrative agencies, state legislatures, and/or the courts, and (3) national programs whose targets are federal administrative agencies, Congress, and/or the federal courts.

In the newer programs, especially, we note some crossing of lines, so these programs are certainly not pure types. For example, some local programs are attempting to influence the court system, and some state-based programs intervene into local service agencies. However, since most programs are in the experimental stages, it is impossible to predict whether such combinations will be efficient or effective.

In this chapter we have discussed how advocacy is initiated: through case services, surveys of problems and needs, service monitoring, and self-initiatives. We have identified where advocacy is based: at local, state, and national levels, under both public and private auspices. And we have indicated major targets—the specific case, local service system, administrative agency, legislature, or court system. We have offered no closure on the process of child advocacy, but we note the case for a diversity of advocacy locuses and structures. If there is an argument for both case and class advocacy (and it appears that there is) and if class advocacy requires a range of targets and methods (and the evidence for this is impressive too), advocacy requires a diversity of structures and outlets. There is little detailed description of how advocates work with either cases or classes of issues. There is even less practice theory and knowledge. Our failure to offer more in this report reflects the state of the art and the inevitable necessity of specifying boundaries and goals first. Now that the boundaries and goals have been discussed, serious professional work on goals, structures, and processes becomes possible. Only if this work is done can child advocacy demonstrate its validity as a function—i.e., as an activity for which people may be hired and trained and in which skill may be recognized and encouraged.

5. Program Variables: Search for Results

Our premise is that clarity and deliberateness in the design of child advocacy programs are directly related to effectiveness. Yet, as we have demonstrated, no one conceptual scheme would order the material presented so far. We do have tentative classification approaches to some aspects of advocacy (case and class, starting points, bases of operation, and targets) and descriptions of others. Ultimately, clarification of goals, development of effective structures, and refinement of child advocacy processes will gain from systematization of experience. But to assist those who must make decisions now and to contribute to ongoing study of what works best, we offer a summary of what we know or believe about the significance of specific variables.

Because our study was exploratory, the conclusions we have reached with regard to these variables are tentative at best. In some instances, our convictions outweigh our data. However, certain patterns emerged so consistently in the various programs that we feel they should be offered as hypotheses and suggestions for systematic study.

The variables we have identified may be grouped under the headings *goals, processes,* and *structures.* Generally the programs we visited tended to emphasize structural variables in their planning and gave little consideration to the equally important variables of processes and goals. Our impression is that the most effective new programs defined their goals first and then developed structures and interventive strategies in accordance with these goals. Of course, this sequence is not feasible for an existing agency that takes on advocacy.

GOALS

We have already discussed the broad general goals of child advocacy (Chapter 3) and have identified the major targets for intervention (Chapter 4). In this chapter, we will present some observations about specific program goals and the implications for operations of choosing such goals.

Perhaps the major objective of most child advocacy programs is to effect specific changes in service systems, rather than in families or society. Major issues of national social policy related to children, e.g., income maintenance, housing, and health programs, are not within the scope of most child advocacy programs. New York's Citizens' Committee for Children, which has been an advocate for children for more than twenty-five years, is almost unique among local groups in this regard. It spearheaded the children's allowance campaign of the late 1960s and other national efforts in the 1950s. Other local groups, of course, have been "reactive"—communicating with the White House or Congress about specific legislation or budget appropriations.

As indicated previously, a few modest efforts at broad policy advocacy for children have been undertaken by national lobbying groups. School lunch programs, income maintenance, day care, and public assistance are some of their recent targets. There are more "categorical" lobbying efforts in Washington, organized by field (e.g., education) or handicap (e.g., retardation or mental illness). A significant number of general groups on the state level are seeking overall improvement in programs, services, and budget allocations for children, and many organizations are guarding the interests of specific groups of children. Legal advocacy efforts on all governmental levels focus on keeping children out of training schools and courts, and a few are trying to assure treatment that has previously been denied or unavailable.

Several of the newer national groups, such as NWRO, have concluded that children's needs provide a viable base for mobilizing citizen action regarding broad political issues: for example, the recent Children's March on Washington. Such efforts are meant to bridge the gap between child advocacy programs that address clearly circumscribed goals and organizations that address large-scale social change. But the results of these efforts are uncertain.

Several experts and a number of program directors in the field of child advocacy have observed that programs which focus on *specific* issues, fields, or categories of children seem more able to rally members for action and make significant substantive contributions than those that focus on the *general goal* of improving conditions for children. Since extensive technical knowledge and expertise are often required to intervene effectively into complex service systems, it may be easier for programs to highlight one target for change rather than try to deal simultaneously with several systems or work in a number of fields. In addition, the fact that broad-based organizations must select goals which are acceptable to all their supporters seems to dilute the intensity of their activities and discourages the active participation of lay citizens. The recently established National Children's Lobby, for instance, must expend an enormous amount of time and energy developing long-range goals that are acceptable to all members, who range from "activists" to "good government" reformers. In contrast, many categorical advocacy groups, such as parents of retarded children or county mental health associations, have a high degree of membership involvement and are unusually effective in achieving victories for their members.

If a program chooses to address a single target for change, it must decide whether to organize around an *issue* (e.g., school lunches) or a *problem category* (e.g., learning disabilities). Because of the present concern with fragmented services and the stigma attached to programs established for special groups, we question whether the immediate benefits of the latter approach are greater than the secondary costs. Therefore, we believe that the alternative approach of organizing around specific issues is preferable. But since there has been no research in this area and both approaches appear to be effective, we realize that our preference represents a value choice and we urge systematic study.

A program organized around a specific issue can develop a constituency in one of three ways: (1) by organizing an ad hoc task force, (2) by developing a broad-based coalition, or (3) by establishing a specialized organization. The selection of a particular strategy depends on idiosyncratic factors, such as the nature of the issue, the strength of the opposition, and the length of time planned for the advocacy campaign. For example, the coalition that was organized to support the 1971 Day Care and Child Development Bill concentrated on one piece of legislation. Action for Children's Television, on the other hand, which focuses on the quality of programming for children, had to be established on a more permanent basis as a single-issue organization.

The levels of government at which programs intervene and the specific targets addressed at each level appear to be critical factors in determining whether goals can be achieved. Thus, programs that have the objective of intervening at the state level seem more effective in monitoring and influencing policy decisions of major service systems than programs that attempt to effect such change by intervening in local subsystems. However, since the first approach tends to be used by governors' committees and similar state programs, which generally have sophisticated and experienced staffs and long histories of successful operations, effectiveness may be a consequence of expertise more than anything else.

Although public and voluntary advocacy programs at all levels talk about the need for coordinating different service systems, they seem unable to do this effectively. Thus we question whether this is an appropriate function for an advocacy organization per se. Groups interested in children are concerned with this problem, however, and during the past several years offices of child development or children's services have been established within state departments of human services or governors' offices in response to this concern. It is too early to say whether any of these coordinating devices will be effective; much will depend on the degree of authority vested in such offices. Advocacy groups in states will want to monitor these efforts, which take several forms and are based on a variety of premises. We doubt (but wait for the evidence) that when such units or officials take on major coordination or planning roles, they also suffice as state-level agencies for child advocacy.

Again, programs that operate at the state level and use sophisticated lobbying techniques seem to be most effective in influencing state legislation. Some of the newer state and community-based programs are also attempting to influence legislation by mobilizing widespread citizen action. Some observers maintain that because the locus of political power is shifting, this approach will prove to be more effective in the long run. In any case, many believe that the more traditional state-level class advocacy programs will have to develop broader-based constituencies to retain their effectiveness. It seems likely that a combination of reorganized, "traditional" statewide groups and newer organizations made up of mobilized constituencies may be operating at the state level in coming years.

In contrast to state programs, community-based programs seem most effective in case advocacy and integration of services because they are in closer touch with their consumers' needs and have immediate access to local-level programs and practitioners. Most programs at the community level address the school system, health services, juvenile justice system, transportation, or child development services. All these programs tend to focus on one or two services, rather than the range of services. However, this selectivity apparently leads to greater effectiveness.

Finally, no organization, either in- or outside of government, is engaging in any extensive monitoring of federal children's programs. We consider such monitoring to be a major need, which as yet has not been addressed by child advocacy. Here again, the experience of civil rights and political action groups that have attempted to monitor the implementation of school desegregation or school lunch programs indicates that focusing on a single issue may be most efficient because of the resources required to monitor effectively. The Southeast Caucus on Child Advocacy, an advocacy program that monitors a regional office of OCD, may offer a possible approach to monitoring federal programs.

Most child advocacy programs, as we have noted, actually believe in and attempt to practice family advocacy. Usually, it is only in programs which serve youths that a distinction is made between advocacy for children and advocacy for the total family. This is not surprising because conflicts of interest between children and parents become most apparent during adolescence, and adolescents, unlike younger children, can articulate their needs. An additional factor that influences the development of youth advocacy programs is that youths are now recognized as a legitimate interest group, and such programs are generally expected to be directly accountable to their consumers. A current critical issue is how to implement youths' participation in relevant planning and policy-making for their own programs, as well as for programs that address broad social objectives.

Currently there seem to be three major thrusts in the field of youth advocacy. The first is the *self-help* programs, which have a strong direct service component, e.g., hot lines, "alternative schools," drug treatment centers, and encounter groups. These programs exemplify proposed models for service delivery—or "advocacy by demonstration." The major drawback is that such efforts are generally transient because of youths' physical mobility and evanescent leadership.

The second type of youth advocacy program addresses the problem of *youth participation* in the determination of public policy. The most successful programs tend to involve adults as well as youths and have strong links to both the "establishment" and the youth community. The reasons for these characteristics seem obvious: youth programs that are administered strictly by adults fail because they lack credibility with the youths they attempt to serve. Similarly, programs administered solely by youths lack stability, have difficulty gaining access to significant decision-makers, and lack credibility in the community at large. One illustration of a successful organization of this type is the San Francisco Youth Council, which is based in the city's Commission on Human Rights and has a full-time executive director. This program, which works with existing youth organizations, has developed a manual of student rights and a grievance procedure for the public schools, and it has been successful in placing youths on several city and state commissions.

The third major focus of youth advocacy programs is on *students' rights,* especially in the school system. This development is related to the growing recognition that youths have valid rights which require identification and support. The most successful programs concentrate on clearly defined, circumscribed, and explicit goals and operate in school systems that acknowledge the concept's legitimacy. Several such programs have developed recently, including the Philadelphia Urban League's Youth Advocacy Program, the Students' Rights Program of the New York Civil Liberties Union, and the Center for the Study of Student Citizenship, Rights and Responsibilities in Dayton, Ohio.

Another interesting recent development is the child advocacy program that is designed to monitor the sponsoring agency's service system from within—unlike most advocacy programs, which are set up outside the system being monitored. These *internal monitoring* programs are generally located in large multifunction organizations, and their purpose is to ascertain whether all elements in the system are working effectively and to introduce changes and improvements, when necessary. For example, the Community Mental Health Center at Denver (Colorado) General Hospital created such a program a year ago. In this project two social workers provide consultation to direct service practitioners, make recommendations to the administration, engage in case advocacy with other agencies on behalf of children served by the mental health center, and participate in several community action groups that focus on children's issues.

Self-monitoring is relatively new, so we have little solid experience or evidence to report. Generally, the staffs of these programs feel that the model may be viable if advocates can establish good relationships with line staff and if they have quick access to a chief administrator who supports the program's goals. However, such staffs occupy a precarious position at best because they must advocate with the very systems that support them and must obtain information and support from the people they are attempting to monitor. Because there is a need for new methods of ensuring that large bureaucracies accomplish what they are intended to do, approaches that involve either practitioners or higher-level inspectors general deserve further exploration.

PROCESSES: METHODS AND TECHNIQUES

During our visits to programs around the country, we were struck by the limited knowledge that is available regarding the methods and techniques of child advocacy and their effectiveness. Advocacy processes have been poorly conceptualized, seldom discussed, and thus ineffectually implemented. Most people who do this work seem to be operating intuitively, rather than with any precise sense of what they are trying to accomplish and how they can be effective. Thus we have made some initial efforts to conceptualize advocacy processes and have developed the broad classification scheme described in Chapter 4. In this chapter we will focus on the specific methods and techniques used by programs and practitioners.

Lack of familiarity with recent theory and techniques of community organization limits the range of many community-based programs. Such programs may attempt to obtain community involvement from fragmented and disparate populations, without recognizing the diversity of interests represented or trying to mobilize and organize community groups for support. In addition, such programs often have limited knowledge about how change has been effected in other systems. Instead, they operate on the assumption that simply exposing a problem will be sufficient to remedy it. Since many of these programs are similar to the Community Action Programs of the 1960s and face many of the same problems of program development and implementation, it is surprising how few are familiar with or have learned from the experiences of Community Action Programs. There are differences, too, of course. Most child advocacy programs tend to utilize a conflict model of social change less often than antipoverty Community Action Programs did, and they seem more willing to develop positive and cooperative links with community decision-makers.

Generally, programs at the state level exhibit greater sophistication in the processes they use. Many directors are thoroughly knowledgeable about the systems they are trying to change and the leverage points that are appropriate to effect such change. Also, some of these programs have a long experiential history. Their staffs have frequently spent many years enhancing their own credibility with influential people in and out of government. Having already achieved recognition and status, these programs do not need to maintain the degree of visibility required of new ones and thus can successfully use lower-key approaches to effect change. On the other hand, their low visibility sometimes creates problems of credibility among youths and emerging community groups.

For the most part, programs rely on traditional methods that are familiar and comfortable. For example, community-based programs most often identify children's needs by summing up direct experience in conducting counseling services. But, for some purposes, ongoing professional analyses of statistical indicators of health or deviance or analysis of demographic materials or performance records would be more accurate and effective. Or perhaps parental testimony could be solicited and consolidated. On the other hand, state committees, which rely routinely on statistical or case reports, seldom utilize cost-benefit analyses or investigations of productivity as they monitor services.

In addition to the continuing overemphasis on the use of traditional methods and lack of knowledge about appropriate but unfamiliar methods, there is a third problem related to child advocacy processes: the occasional use of new fads in methods and techniques regardless of their appropriateness. For example, several programs attempt to utilize a "systems approach" to child advocacy. However, probing reveals that few actually understand systems theory and its applicability, even if "system" is used in a metaphorical rather than scientific sense. Others, using the "systems approach" label, continue to operate along conventional cause-effect lines (e.g., they provide early child development programs so that children will perform better when they enter school and do not influence the "receiving" school at all). However, an illustration of how this approach can be used appropriately and effectively can be found in the BEH/NIMH project in North Carolina, which is summarized in Appendix A.

Many agencies fail to distinguish the stages by which goals are attained and may attempt to utilize the same mechanisms and processes for achieving all goals, instead of recognizing that methods must be applied differentially, depending on the goal. For example, the techniques that can be used successfully to draw attention to a problem are frequently different from those that must be used to solve the problem. Public demonstrations and publicity in the mass media are often useful for creating a public issue. But once the public is alerted to the problem, these same techniques may be inappropriate. For instance, television coverage was used successfully recently in New York State to create public outrage about the inadequate care provided for retarded children in state schools. Once the public was aroused, however, the reporter who led the campaign used the weapon of television to encourage support for legislation that, if passed, could only compound the problem.

When a child advocacy program already has the attention of the system it wishes to change, sometimes it can effectively use intervention techniques with low public visibility. Thus the objects of the campaign are not forced to take a public position that will be difficult to reverse. In other words, programs that specify their operational goals and design their strategies accordingly are likely to be more effective than those that use a limited repertoire of techniques indiscriminately.

Conventional wisdom and recent research on neighborhood service centers indicate that service provision and social action cannot be carried out effectively in one program. Yet our experience in the field consistently revealed the coexistence of these activities within one program. Although this may reflect a lack of familiarity with the experiences of earlier programs, it may also indicate that under certain circumstances it is feasible to include both approaches. Since most community-based and city-wide advocacy programs that encompass this dual thrust are relatively new, only further study, after a more extensive period of operation, will clarify its viability.

Finally, one of our clearest findings is that program leadership is enormously important. Perhaps because processes are so poorly conceptualized and goals are so diffuse, leadership emerges as a crucial variable in determining whether a program is effective. This holds true regardless of the program's size, the nature of the staff (paid or unpaid), or the governmental level at which the program operates. Leadership is particularly critical in programs that stress citizen action or are especially innovative. For example, one state commission, which had a strong record of achievements on behalf of children under the leadership of its first executive, has become almost defunct since he resigned a few years ago.

Though leadership per se is essential for a program's success, effective leadership varies in personal style from the dramatic and charismatic to the low key. In some instances, expertise in a field (e.g., retardation) or a process (e.g., lobbying or budgeting) or knowledge of a geographic area (e.g., neighborhood) appears to be the critical element.

We have not found any impressive training programs in child advocacy, and they should not be expected until methods and techniques have been more carefully studied and conceptualized and some of the issues posed about accountability and sanction have been further explored.

STRUCTURE: ORGANIZATIONAL VARIABLES

The structural variables that have received the most attention include funding, program sponsorship and auspices, staffing patterns, and the nature and composition of boards. Although money does not guarantee effectiveness, where it comes from and how it is received appear to be critical variables in determining what a program can or cannot do. Money defines the program's boundaries—e.g., its policies, location, clientele, and sometimes even its goals. Generally, the source of funds and the means by which money is channeled to a program are more important than the actual dollar amount involved.

One surprising finding is that there is no direct relationship between the size of a program's budget and the scope of its activities or apparent effectiveness. For example, the Illinois Commission on Children has an annual budget of approximately $120,000, but it operates an extraordinarily effective program focused on children's needs in one of the most heavily populated states. In contrast, several programs with substantially larger budgets serve one hundred children, or less on occasion, without any clear idea of what the nature of their program is or should be.

Although the voluntary sector has traditionally been expected to engage in more innovative and experimental programs than the public sector, we found that this is no longer necessarily true. One reason may be that because advocacy is often associated with lobbying, the 1969 federal tax legislation may have inhibited the private foundations and voluntary agencies from supporting activities under this label. For example, the *Manchester Union Leader* in Manchester, New Hampshire, filed a complaint with the regional office of the Internal Revenue Service when the local family agency's advocate began to organize a campaign against cutbacks in public welfare.

Within the public sector both federal and state governments support a large number of child advocacy programs. In spite of the traditional concern regarding institutionalization of an advocacy function within government, there are only a limited number of explicit constraints on public programs: specifically, they must avoid partisan politics and clearly illegal behavior. Judging from the activities of state committees, several of which have been in existence for over twenty years, it appears that public money *can* be used to effect changes within service systems. However, the experience of the antipoverty programs of the 1960s suggests that public money may be lost when attempts are made to realign political power blocs. At present, federally funded community-based programs have not been operational long enough to indicate whether similar consequences would result if they began to address targets other than relevant service systems.

Despite the fact that many of these programs have community controlled boards, ultimate authority with regard to policy and continuation of the program generally rests with the funding agency. And the funding agency does set guidelines that influence policy and programming. The joint BEH/NIMH program, for example, has issued explicit recommendations limiting the amount of direct service that can be provided, although some of the local program staff and board members feel that direct service is essential for achievement of overall goals. Similarly, OEO, which funded the Center on Student Citizenship, Rights and Responsibilities, insisted that the agency change its name because "The Student Advocacy Center," as it was called in the original proposal, sounded too militant.

Although program sponsorship influences program policies far less than we anticipated (except when the sponsoring agency and funding source are the same), there are occasional problems when funding for what is essentially an independent program is channelled through an established agency. For instance, when the child advocacy program has different goals, an independent board, or a staff that is separate from the sponsoring agency, conflicts over policy may arise.

The Joint Commission on Mental Health of Children recommended the establishment of a single hierarchical system of child advocacy that would have operational units at each level of government. This system has not been implemented, and from the evidence we have on programs operating at different levels, we question the wisdom of establishing such a hierarchical system (see Chapter 6). The most effective programs seem to work largely because they are relatively autonomous and are therefore free to intervene in parallel systems as well as those immediately above or below them. This ability to move in different directions without having to channel activities through a hierarchical system facilitates more immediate responses to crises. It also enables programs to utilize more informal techniques and strategies and to negotiate without worrying about the vested interests of a large bureaucracy.

The same need for flexibility and autonomy seems evident in relation to staffing patterns within advocacy programs. We are particularly impressed by the fact that practitioners of advocacy must be self-reliant and relatively autonomous. The closely supervised, constricted staff member who is not prepared to move without a supervisory conference or team meeting is unlikely to initiate much or be flexible and responsive enough to be successful.

The nature and composition of boards and staff are consistently emphasized in almost all the programs we have visited. Many programs seek the same objective as the antipoverty programs—maximum feasible participation of the poor in planning and policy-making; others express interest in assuring program accountability to service consumers. Enormous stress is often placed on the nature of the board and staff without any real recognition that consumer representation on the board is only one device for achieving participation or accountability. Whether this device is effective or whether there might be alternative and preferable devices, such as consumer preference surveys, consumer protection mechanisms, and consumer evaluations is rarely explored. A major issue that must be resolved when participation is valued is whom the board should represent: the entire community or the specific clientele being served?

Program boards have at least three main functions: (1) setting policy, (2) helping to implement programs vis-à-vis other agencies and systems, and (3) ensuring accountability. The same individuals may not be effective for all functions. Since different types of programs require different things from their boards and differential division of labor between staff and board, the board's composition should vary, depending on the program's nature and objectives. Thus any arbitrary requirements for representation on the board—e.g., the member must be a consumer, professional, legislator, or public official—may be self-defeating, unless these requirements are explicitly related to the goals the program wants to achieve.

Similarly, advocacy programs must deal with many different segments of their environment: e.g., clients, volunteers, service agencies, public officials, legislatures. As a general principle, it seems that the programs which are most effective use personnel who have the expertise and social proximity that are essential for dealing with these various groups. Therefore, qualifications for the staff employed—professional discipline, ethnic identity, community residence—should also be related to the organization's goals and activities. For example, indigenous paraprofessionals are often most effective in delivering direct services in poor communities. And such programs must have consumer representation on their boards to establish credibility in the community. On the other hand, programs that try to influence public officials or legislators must have staff or board members who have access to and credibility with them. Of course, many consumer groups have been denied community power and influence in the past. Thus special efforts are needed to make boards and civic groups more representative. We are well beyond the point when only traditional power groups can be regarded as reflecting the public interest. Legislators have learned to be responsive to broader constituencies. If necessary, training and orientation programs are appropriate to help inexperienced people learn to function on high-level policy boards and in community leadership roles. In some parts of the country significant progress has been made in this regard.

Since many programs need credibility at both the community and power levels, the problem arises of how to combine the necessary kinds of expertise in a single organization. One illustration of a functional board and staff pattern is provided by Social Advocates for Youth in California, which focuses on preventing delinquency (see Chapter 2). This network of programs tries to include representatives from local businesses, schools, and the juvenile justice system on each local board to develop a local base of support for the program and to assure access to relevant decisionmakers. On the other hand, the administrators of these same local programs, who actually set policy for the entire network, are youths who live in the community and are in close touch with the needs of their consumers. Another approach is suggested by the Boston PCC's Child Advocacy Program, which is administered by a community board and staffed by indigenous personnel, but has an advisory board composed of leading professionals, citizens, and public officials. Still another approach used by several citizen action groups is to organize on the basis of issues and create ad hoc task forces composed of persons who are especially concerned about or affected by a specific problem or have the technical expertise to deal with an issue.

Thus we conclude that although there has been a tremendous amount of rhetoric about the problem of ensuring that services and programs will be accountable to the needs of their consumers or clients, few programs have devised impressive solutions. The problem of accountability is particularly difficult to solve in child advocacy programs, because the interests of children and parents are not always synonymous and parents are not always adequate spokesmen for their children. Although we are especially concerned about the matter of accountability, we have no solutions. But we feel there is a great need for further experimentation and social inventiveness in this area.

We have covered much ground rather rapidly in this chapter. We have identified and described those variables that appear to be most relevant to individual programs' success or failure. We have clustered the variables into three categories: goals, processes, and structure. We have indicated that in practice structural variables receive the most attention while advocacy processes receive the least. Since advocacy programs have a new focus, we expected to find an emphasis on innovative structure and process; however, we saw little evidence of such an emphasis. Finally, although program goals are generally discussed, they are rarely made explicit or appropriately related to structure and process. We have expressed the view (perhaps the preference) that program goals should determine structure and process and that program planners should deliberately interrelate all three for maximum impact.

The recent history of the child advocacy phenomenon, the brief period that most programs have been in operation, the constraints and nature of our study, and the poor conceptualization of variables did not permit any evaluative conclusions regarding the *efficacy of specific programs*. We could only identify and describe variables that appeared to be important in programs which, to us, seemed effective or were described as such by competent informants. Therefore our evidence is limited and inevitably our conclusion about variables are tentative. At best we have offered suggestions and guidelines for further study, and these will be more sharply delineated in Chapter 6.

Since concern with these variables reflects a search for what makes a specific program more or less effective, it may be appropriate to conclude this chapter with some comments about evaluating child advocacy programs. Clearly, until goals become more specific than they are in most programs, no standards of performance or precise measures of effectiveness can be defined. Few creditable evaluative studies of child advocacy can be found in the field. Since funding sources frequently impose explicit requirements for program evaluation, researchers are often compelled to study programs in which no distinct goals have been delineated, often before programs are even operational. Such pressure for premature evaluation often means that the evaluator influences the selection of program goals and thus the nature of the program because he needs to delineate something measurable. Occasionally, programs are further confounded by multiple evaluation studies: self-evaluation, the program's own plan for external evaluation, the funding agency's plans for independent evaluation. We offer some suggestions about evaluation in our final chapter.

6. An Overview and Recommendations

In the Introduction we summarized our findings, and in Chapter 3 we outlined our perspective on child advocacy. In this chapter we will elaborate on our findings and perspective and offer both general and specific recommendations.

OVERVIEW

As we have already indicated, many activities and projects labeled child advocacy are in no sense new or different from what has been going on in the children's field for a long time. But it is possible to identify significant numbers of new and old projects, programs, and activities that seem to embody an approach which may be appropriately designated child advocacy.

What is this special focus? The unique activity called child advocacy is intervention on behalf of children into or with those services and institutions that serve children or impinge on their lives. It is action that focuses on transactions between individuals and institutions or among institutions as they determine the immediate circumstances of children and families. These services and institutions begin where the family leaves off. Whereas child welfare's primary concern is intervention into the family or surrogate family, child advocacy's main concern is intervention into secondary institutions such as schools, juvenile courts, health programs, child welfare programs, and the like. The target may be the total institution or some of its functions, policies, professional processes, programs, or personnel.

Child advocacy is a shorthand term for advocacy on behalf of families and children. The stakes of family and child are often intertwined, and efforts on behalf of the family as a whole (with regard to income supports and housing, for example) are usually necessary steps in providing for children's welfare. However, child advocacy also encompasses concern for children who live in substitute or surrogate families, e.g., in foster homes, institutions, or adoptive homes. In addition, it has a mission related to adolescents and other children who may see their interests as conflicting with those of their parents and on occasion are right. Therefore we retain the term child advocacy.

Crusades and campaigns that meet the definition of child advocacy cannot always be encouraged, shaped, or contained by policy decisions, administrative provisions, or funding derived from government, foundations, professional groups, or, for that matter, by studies such as ours. Because children are frequently shortchanged by American society, broad social action and policy initiatives on their behalf are desperately needed and of highest priority. People will and should continue to define and offer their allegiance to children's "causes," whether their success depends on charisma, spontaneity, confrontation, or a variety of other political tactics. Urgent independent initiatives will and should take place in many ways and through many channels. They should and will occur even though, or perhaps because they usually cannot and should not be standardized, bureaucratized, coordinated, or ordered. We do not mean that nothing helpful can or should be done in this realm by government and private sources, which sometimes can provide needed platforms or support for urgent causes.

More significant for present purposes is the notion that in addition to those important social action and policy initiatives that cannot be planned, coordinated, or centrally funded, there are many essential advocacy functions on behalf of children that can be provided on a more regularized basis. Some of these regularized advocacy activities focus directly on assuring needed service to families or individuals (case advocacy), and some focus on changing procedures, personnel, laws, and the like as they may affect categories or groups of families and children or all families and children (class advocacy). These forms of advocacy are needed not only on a transitory basis because institutions are temporarily unresponsive, but on a regular basis to protect the public in a world of complexity, division of labor, and large-scale service bureaucracies.

If the field can develop enough clarity and sense of direction to escape the ambiguity, confusion, and gimmickry that inevitably seems to accompany new initiatives and new sources of funding in the social services, child advocacy may be the instrument of needed reform. It may prove able to fill an important gap in social provision on behalf of children on an ongoing basis. We have concluded our survey with full recognition that some blind alleys and camouflaged enterprises have been disclosed. Yet we are convinced that this new case and class advocacy function deserves to be nurtured, supported, guided, and carefully assessed because it appears to be doing useful and new things in some places.

Child advocacy as a trend or even a minimovement has developed during the past several years. However, it builds on a tradition in the children's field that goes back to the Progressive Era at the turn of the century. Some programs included in our study, particularly some of the outstanding illustrations of class advocacy, began in the 1940s or 1950s. Most of the community-based services with advocacy components were established recently, after special funding became available. What is new is the fact that efforts are now being made to interrelate these separate developments—or at least give them some sense of common endeavor and shared concepts—and encourage mutual support. What the outcome of these attempts will be is unknown.

In the sense of a regularized case- or class-focused function, child advocacy may be a specialized role or a component of another role. Either approach appears to be viable in some programs. Furthermore, advocacy requires professionals, paraprofessionals, and volunteer laymen. It involves both staff role and board work. It has relevance for a variety of disciplines and professions. It belongs in both public and voluntary sectors and may have an impact at various geographic and governmental levels. In other words, child advocacy has implications wherever laws and policies are made, personnel is appointed, budgets are planned or enacted, and programs are developed or implemented. It has significance for those who lead, plan, legislate, adjudicate, or administer. But current experience and knowledge do not permit us to be more specific than this.

Although we note that a promising phenomenon is emerging and identify what we think could be the continuing advocacy function, we do not exaggerate the state of the art. Many child advocates share a readiness to upgrade social priorities on behalf of children and to ask for flexibility from or changes in institutions that determine children's fate. Responsive institutions and relevant services are their key objectives. These goals unite and inspire them. Yet such goals are general, and specifics are not easily set. Child advocates are committed to children and their interests, but have not yet progressed to the point where they agree on what all children need. What constitutes satisfactory service is often an issue of uncertainty and debate. The sanction to advocate and the accountability of advocates (are these to be obtained through constitutional or statutory law, professional expertise or association, an organized constituency, or consumer preference?) are seldom even recognized as problems by those who provide leadership in the field. Yet a "call" to advocate does not necessarily make one substantively correct.

Knowledge about the consequences of alternative structures for effectively carrying out advocacy is limited, and most conventional wisdom may be wrong. We found, for example, that the views about the capabilities of public and voluntary structures held by those who have discussed child advocacy do not adequately take into account the 1969 tax law. Nor do some of the political science theories consider the ways in which local client participation in community-based, if publicly funded, programs create new types of political leverage. It is interesting that, thus far, the targets of most child advocacy efforts have been at the state or local level, although the child advocacy movement originated in Washington-based endeavors. There is little advocacy on the national level, either within or outside of government. Washington has delegated some administrative planning processes to regional offices, but these are seldom monitored or seen as targets for action by those affected.

In Chapter 3 we elaborated on just why it is that studies of needs and planning, coordination, parent education, budgeting, and the like—although they may become the *targets of* or *vehicles for* advocacy—are not child advocacy per se. The key thing about advocacy is its concern, when addressing or using certain processes or methods, with making programs or institutions more responsive to individual or group needs. In other words, advocacy seeks responsiveness and relevance.

From this perspective our study does not support the structural proposals of the Joint Commission on Mental Health of Children to create an integrated, hierarchically organized, child advocacy system in each state. This system would include local child development authorities (governmental units) and local child development councils (coordinating and advisory bodies), operating under state mandate and legislation. State child development agencies, federally funded and required to submit acceptable plans, would be the channel for funds and the source of authority for local programs. A Presidential Advisory Council on Children would operate in

Washington along with an administrative agency. Its responsibilities would range from planning, coordination, administration, budgeting, and public education at every level to program monitoring, client representation, case integration, community mobilization, and evaluation.

If advocacy agencies at the various levels of government are to intervene into unresponsive or outmoded institutional systems, they should not be given the roles of primary planning, administration, or direct service for their respective levels of government. (We do not ignore the fact that most community-based child advocacy agencies we surveyed now feel that they gain credibility, win constituencies, and clarify needs through direct case service operations.) If units of government are to advocate adequately for children's interests vis-à-vis units at other governmental levels, they must not be hierarchically tied together for administrative and funding purposes. Their energies must not be totally committed to time-fixed administrative and service outputs and dependent on many cooperating groups. If service functions such as accountability, case integration, and coordination are to be implemented, they should not be joined with other functions that take on adversarial actions and therefore require flexibility in relationships with other components in the community network.

We highly value efforts to improve program coordination, case accountability (i.e., who perseveres with which cases in the community interest?), and case integration (i.e., the meshing of sequential and simultaneous services for one or more family members, which may take place in different agencies or units). We place highest priority on all the specific services that children need. Yet if these services are the primary commitment, child advocacy cannot become a central function. But it can, in a controlled way, be part of the individual practitioner's role in specific instances, especially when it stops short of confrontation.

Also, for agencies involved in budgeting, planning, and overall coordination, consistent adversarial relations with counterpart units or subunits will be self-defeating, despite the fact that occasional, moderate confrontation can be absorbed. Advocacy means calling attention to, or even criticizing publicly, nondelivery of service, poor performance, or misinterpretation of laws and policies. This is not a platform for service or administrative cooperation. It is a case for distinguishing between functions, rather than putting everything into one hierarchical system that ranges from planning to direct service.

On the other hand, if there is to be advocacy, initiatives from some public or voluntary source will be needed at each governmental level. If there is leverage, one governmental unit may move in relation to another unit on the same or a different level or create motion between public and private units. Our data suggest that such leverage is a function of consumer pressure, professional commitment, political differences between public and private sectors, and legal sanction. Although we can only hypothesize about such variables, we are convinced that integrated, hierarchical child advocacy systems are a contradiction in terms because a hierarchical, intergovernmental advocacy system would necessitate sacrificing the leverage to act. The recommendations of the Joint Commission on Mental Health of Children may be interpreted as a suggested pattern for planning and administering services for children, written by committed people who wished to give children's priorities more attention. Whether local citizens' councils or units on other levels would become advocates in the sense of our discussion would depend on local factors and would not be part of the organized provision. It is likely that if such units moved toward advocacy specialization, their tasks of service delivery, administrative coordination, and planning would have to be superseded.

Ultimately the joint commission's proposals lack viability because they fail to specify a sharp concept of child advocacy and indicate its boundaries. None of our specifications of goals, responsibilities, and operational possibilities for child advocacy are missing from the joint commission report. But they are intertwined in the commission's projections with all the other things that need to be done for and about children on these same levels. The fact that many of the things sought are at least as important as the child advocacy function does not mean that they belong together in one structure. We believe that experience to date and what is known from relevant organizational and political theory say that they do not, and to call everything child advocacy is to blur useful distinctions. We call on those who disagree with us to experiment and evaluate.

A new development such as advocacy focuses on goals and structures before it specifies techniques. We were not surprised at the lack of systematic data that could be assembled about how advocacy is done and with what results. We have already noted the starting points for advocacy: the direct case service situation, the survey of a problem or need, monitoring activities, and initiatives by consumer groups. We have also listed the activity's predominant targets: the case, the local service agency, the responsible executive or administrative unit, the legislative branch, and the courts. But a review of case and class advocacy techniques yields lists and descriptions, rather than analytically coherent and empirically derived classifications. Some observers consider lay advocacy and legal advocacy to be parallel systems; others view them as part of one continuum. Little is known as yet about who may become the best case or class advocates in various types of settings. Thus until more work is done on such questions, staffing, training, and supervision will remain idiosyncratic activities.

RECOMMENDATIONS

The underlying hypothesis for the recommendations that follow is that child advocacy can improve services and provision if it is better conceptualized, is given supportive structures, and is allowed to focus more systematically on its unique methods and processes. Advocacy needs nurture and some organizational support, but not overly tight bureaucratization. It should be promoted as a planned function, yet permitted to flourish as a spontaneous cause. It is no substitute for resources, personnel, or sound general social policy. With this hypothesis in mind, we offer a number of recommendations directed at the federal level, funding agencies, OCD, the major human service agencies, and people who want to launch community-based child advocacy.

The Federal Level

1. Creation of a children's advocate agency within the federal government should be considered. Observers frequently point out that American children are not organized as a pressure group, have no strong lobby working on their behalf, and consequently are rated too low on the government's list of priorities for resource allocation. To redress the balance, the Joint Commission on Mental Health of Children urged the creation of a President's Advisory Council on Children, modeled after the Council of Economic Advisors, which would (1) undertake long-term planning, policy development, and programming in behalf of children, (2) offer specific budget proposals, (3) analyze agency interrelations, (4) carry out evaluations in these spheres as well as in state and local operations that affect children, (5) advise the president and challenge groups and organizations, and (6) "act as the advocate at the federal level for children and families."

This listing illustrates the point we made in the previous section about the joint commission's proposal to combine components that may not package well. Such a listing also ignores the question of how operating agencies are to be kept viable. Most of the proposed functions must be discharged by departments and bureaus legislatively mandated to administer services, if such services are to develop effectively. Equally important, at the highest levels of planning and budgeting, is that concerns related to families and children belong within the mechanism that addresses the domestic sector generally. Otherwise there is no deliberate policy development and planning. From this point of view, it might be better to see that priorities for social programs have more representation in the Council of Economic Advisors, rather than seek to create a parallel body for families and children that could never in fact become anything like the council, which has an unique statutory basis and a specific relationship to the entire economy.

This brings us to the final function listed in the proposal for a President's Advisory Council on Children: "to act as the advocate . . . for children and families." Can an agency or a unit be created within the federal government to monitor the system on behalf of children, intervene when things do not go well, and be the internal advocate within the legislative, administrative, and budgetary operations on behalf of children? Some may ask: Is this not the role of OCD?

The lack of adequate provision was dramatically illustrated by the Social Security Amendments of 1967 under Title XIX, which mandate health screening of all children receiving Aid to Families with Dependent Children. Neither the states nor HEW did anything about this. There was a long delay on guidelines but little outcry, until some groups outside of government finally began to agitate for action. There is no evidence that OCD took this on at all, and some governmental units allegedly passed the word on to states that compliance was not expected. Little implementation was apparent until early summer of 1972, when the Senate Finance Committee proposed financial penalties for states that did not comply.

We have not studied this matter in the field. Within designated spheres, but not across the board, top OCD personnel do serve as advocates within HEW. However, their mandate is limited by what is considered appropriate for a staff operation in the Office of the Secretary. OCD's credibility also may be limited since the agency operates Head Start and day care programs that compete with educational, social service, health, recreational, and other programs carried out under other jurisdictions. OCD's Children's Bureau operations are consistent with an intragovernmental advocacy mandate, but they lack a supporting consituency and the access (in the sense of an inspector general) and instruments (see Recommendation 2) that would be essential.

We are not prepared to make a recommendation about OCD's role: our study identified the issue but did not resolve it. There should be a governmental unit that would monitor such things as mandated child health screening. Although OCD personnel believe that nonoperating bodies have little leverage in Washington, OCD has not proved the viability of its mandate! We do believe that a choice is in order and that the topic merits investigation and debate if it is to be resolved wisely. Thus we offer the following suggestions:

- If OCD is an agency that administers programs, then program coherence should determine the relationship of its programs to other efforts within government. Planning, administrative, and funding considerations should set the organizational patterns. Should not government unify nonmedical social services for families and children?
- If it is believed that OCD can discharge the intragovernmental advocacy role, it should be equipped to do so with mandates, instruments, staff, and a supporting constituency. Perhaps it should forgo program operations and become, in effect, the staff arm of a semi-independent citizens' group—e.g., something similar to the Commission on Civil Rights.
- If the judgment is made that OCD cannot become the federal government's advocate for families and children, either because of administrative and operational constraints or because an extragovernmental force is needed, friends of children should hasten to establish in Washington the necessary watchdog operation in the private sector. Indeed, they should probably do so in any case because an extragovernmental monitor has unique capabilities, as shown in several of our case studies.

2. The United States should provide for a biennial "state-of-the-child" inventory to challenge all units responsible for planning and setting priorities. The administrative provision should be determined by decisions regarding OCD. If OCD becomes an intragovernmental advocate for families and children and has a strong citizen constituency (as proposed in the previous recommendation) the state-of-the-child inventory could become a significant program activity. If OCD remains operational and therefore is not an unbiased contender for resources, the function might be lodged independently in the Office of the Secretary of HEW or in the more comprehensive Office of Manpower and Budget. As an alternative, a citizen group outside of government might take on this function.

During 1971–72, HEW needed an objective overview of services for families and children and recommendations about policy direction and priorities. Thus it contracted with the National Research Council–National Academy of Sciences to form the Advisory Committee on Child Development, which will submit its report in February 1973. Similar functions have been discharged in the past by White House task forces, special commissions such as the Joint Commission on Mental Health of Children, and the White House Conference on Children (which is now too large and has little opportunity for coherent deliberations).

A more regularized arrangement would assure that staff is available to provide statistical indicator series (original and compiled) on the state of children and children's services. Field visits could assure reports on new developments and abuses. Analysis of reports from states and localities would enrich the picture, and hearings in various parts of the country could increase understanding and clarify preferences.

The state-of-the-child inventory should be the ongoing work of a permanent staff, but it should have the active participation of a citizens' panel and the support of nationally recognized citizen leaders. As indicated, organizational auspices would depend on decisions about OCD. In any case, the intent would be to maximize the roles of service consumers and citizens at large in evaluating the state of American children and the provisions for them and in expressing a view about priorities.

3. A children's rights litigation support unit should be established in the Office of the Secretary of HEW. The possible uses of litigation to mandate better state services for children have recently received attention. Two federal court decisions offer significant promise: an Alabama ruling that the state institution for the retarded must substantially increase its staff and improve its physical plant and treatment program to comply with a constitutional "right to treatment" [*Wyatt v. Stickney*, 323 F. Supp. 781 (M.D. Ala. 1971)] and a Pennsylvania ruling that requires provision of publicly financed education for all school-age children and holds as unconstitutional a state law permitting public schools to exclude "uneducable" students [*Penna. Ass'n for Retarded Children v. Penna.*, 346 F. Supp. 1257, (E.D. Penna. 1971)].

On the basis of these precedents, private groups whose special interest is mentally retarded children have filed litigation in several other states. But the possible implications of these cases go beyond mandating services for retarded children. The cases are applicable to all state residential institutions for children and all state services to handicapped children, however defined. It appears, from the *Wyatt* and *Penna. Ass'n for Retarded Children* decisions, that federal courts can be persuaded to lend their weight to increase funding priorities for children's services. Such court interventions should be actively sought because exclusive reliance on private litigants has serious shortcomings. Considerable technical expertise regarding children's services is necessary, both to persuade courts to act and to design effective remedies for courts to impose. Private litigants often lack funds, do not know where to find expertise, or cannot adequately evaluate the technical assistance that they need.

HEW can play a vitally important supportive role in litigation for children's rights. The resources for this role are not concentrated in any specific agency within HEW. Rather, a litigation support unit should draw from the technical resources of the entire range of children's services within the department's purview. Accordingly, a litigation support unit should be located in the Office of the Secretary. The unit should be staffed by attorneys who can translate the technical knowledge of HEW's staff into usable forms for courts and litigants.

Establishing a litigation support unit in the HEW secretary's office could give significant impetus to the litigative trend exemplified by the *Wyatt* and *Penna. Ass'n for Retarded Children* cases. Moreover, such a unit could offer guidance to litigants and to courts, which would increase the courts' willingness to act and guard against ineffective or even harmful court remedial actions. This unit should be authorized to serve as *amicus curiae* in children's rights litigation and to act generally as a clearinghouse for information both to private litigants and to state agencies about such litigation.

Judge Frank Johnson, the federal judge in the *Wyatt* case, recognized his need for expert governmental assistance and requested the Department of Justice to participate in the case as *amicus curiae.* This *amicus* participation was handled by a recently created Institutions Section of the Justice Department's Civil Rights Division; two lawyers in this section relied heavily on HEW resources for a "crash course" regarding institutions for the retarded. Although the federal *amicus* role in the *Wyatt* case was adequately performed, it would be unwise for HEW to rely on the Justice Department for future support of children's rights litigation. The Institutions Section of the Civil Rights Division was established to deal primarily with litigation on prisoners' rights and has now broadened its scope to include the rights of institutionalized mentally ill adults as well. Children's rights litigation will not receive from this section the priority attention that is needed. Thus HEW should itself undertake a litigation support role.

Funding Agencies

1. Programs that test hypotheses about structures, methods, and processes of child advocacy or contribute to the clarification of objectives should be supported. We urge that research and demonstration money be spent to find something out. Clearly, a diffuse commitment to advocate does not produce a viable program or assure responsible use of resources. It is obvious that there are many worthwhile programs for children that should be funded by federal agencies and foundations. However, resources that are allocated specifically to expand provisions for case and class advocacy or to develop knowledge that will enhance advocacy should be deployed deliberately. When the advocacy effort began, the mere inclusion of the word on a grant proposal was sometimes considered a sufficient rationale to fund a program under the advocacy banner. Our survey suggests that there are now enough questions about goals, structures, methods, processes, and sanctions to justify more rigorous criteria for grants and more specific guidelines from agencies with administrative responsibility.

This recommendation should not be misunderstood. Although we are asking those who would inaugurate child advocacy programs to specify their conceptual framework and goals, funding sources would do well to adopt a pluralistic stance. The state of knowledge suggests no more than this. A number of diverse situational factors seems to determine whether a particular undertaking will be successful. Nobody has many answers. Rationales may be presented for using different case and class advocacy models, beginning the intervention from various vantage points, choosing targets at different service or decision levels, and giving priority to different populations.

Hypotheses for testing and models offered for experiment should be approached in a spirit of discovery and innovation. Our survey taught us that one must question all conventional wisdom about the relative advantages of public and private programs, appropriate tasks at various levels of government, professional boundaries and volunteer roles, and the relative impact of direct service programs and social action. There is much to be learned about key organizational and situational variables and their operational consequences. The tentative generalizations we have offered should be among the hypotheses that are tested objectively.

Some tend to be disappointed that the advocacy "movement" should become preoccupied with such matters. Yet, as we have noted, it is possible to provide systematically and develop provision only for the ongoing function of case and class advocacy, as specialized tasks of individuals and agencies and as aspects of staff roles in ongoing programs. The causes and reactive campaigns are not planned for or assured of ongoing niches; alert foundations and governmental units will respond with support as opportunities arise.

We urge local personnel, foundations, and governmental units to invest energy and scarce resources in the following specific areas:

- Projects and studies to describe, analyze, and elaborate alternative approaches to the structures, methods, and processes of child advocacy.
- Projects to test the consequences of choosing among different structures, methods, and processes in different situational contexts.
- Different approaches to staffing the several kinds of advocacy programs—including the use of volunteers and paid personnel, personnel trained at various professional and paraprofessional levels, and personnel from different disciplines.
- Approaches to advocacy operations that either place legal and nonlegal interventions on one continuum or see them as parallel and interacting systems.

Several of these suggestions are elaborated below. They are intended to convey what we urge above all: that funding sources seek out people and organizations with program ideas and operational specificity. The time is past when dedication to advocacy justifies support. Some current programs are terribly expensive per unit of service, unless they are truly adding to knowledge as well.

2. Research, analysis, and thought on advocacy goals and sanctions should be encouraged. Child advocacy would redress priorities and correct errors of nonfeasance and malfeasance. Given its range and possibilities, it would be strengthened by more systematic research into the status of all children and of children in specific places and categories. Ultimately some of this work would result in the specification of social minimums, i.e., things that all children must have to develop normally.

Norms are needed as reference points for those who monitor the changing status of children. These norms may take the form of social minimums, social indicators, or service standards. In reference to standards we note that few validated yardsticks exist for evaluating sufficiency of services at the local level. For example, how much school social work is needed in a given setting? How much detention space should be provided in a city? How much outpatient child health service is needed per neighborhood?

On another level, there are difficult legal, philosophical, and professional-ethical questions relating to the sanction for child advocacy and the accountability of advocates. These have been ignored in the enthusiasm for new commitment (see Chapter 3). At this time, writings, conferences, and debates about such matters would be profitable investments.

3. More rigorous studies on the structural variables that affect advocacy should be promoted. The rationale for this recommendation is included in the preceding one. It is possible to go beyond "hunch" and conviction with regard to structural variables and assemble more systematic knowledge about the ways in which a child advocacy program is affected and whether it is effective, depending on the following factors:

- the level of government at which it operates,
- the funding arrangements,
- whether it is controlled by a local board, central board, or administrative agency, for example,
- staffing patterns,
- whether it serves all children or specific categories of children, and
- whether it is a specialized advocacy program or a service program with advocacy components.

4. More rigorous studies should be conducted on advocacy methods and processes. For understandable reasons, goals and structures have been in the forefront. But the field of child advocacy would now benefit from specific descriptions and analyses of exactly how the various types of advocacy are carried out. After this is accomplished, variables relating to goals, structures, methods, and processes can be brought together in meaningful evaluative research (see Recommendation 8). The combinations would constitute models for testing.

Special attention might be directed to the various subcategories of class advocacy (such as work on budgets, legislative lobbying, policy advocacy, representation of consumer groups, and self-initiated client activity) and of case advocacy (as a component of a professional task and as a specialized role, in access services or other direct service programs, acting for consumers or with them, in formal representation or informal liaison, in agencies delivering "hard" benefits and in counseling programs, and so forth).

5. Experiments should be conducted with devices for internal program monitoring in the social services, particularly in children's institutions. This recommendation is based on the premise that administrators, professional workers, policy-makers, and consumers often share objectives, but organizational factors may conspire to undermine those objectives. Thus employees and administrators of institutions may find that the need for order and control makes them lose sight of children's needs. Those who look in from the outside or vote on budgets may not know what is within the province of the institution and what is related to the channeling system, the child "mix," and the community support system.

Situations like these are not readily solved. Some institutions should be abolished rather than reformed. Many institutionalized children belong in the community. But programs might become more effective, too, if they could provide for internal monitoring and advocacy when appropriate. Viable designs for such activity are not readily invented; we encountered only two or three beginnings during our survey. Experimentation will not be meaningful unless the proposed approach achieves credibility with both children and staff (one child advocacy system in an institution may not be able to bridge these two objectives), unless it is potent vis-à-vis the administration (part of the credibility problem in relation to children and parents), and unless it has outside leverage (otherwise it fails on critical issues and also never deals with the network of which the institution is a part). Possibly, some combination of internal (official) and external (self-organized) monitoring devices will be required.

6. Regional and federal monitoring of children's programs should be encouraged. We have already noted that most child advocacy funding and initiatives are federal. The targets are local service systems and sometimes state-level operations. However, much of the "action" is now in Washington and in regional offices of the federal government. Regional staffs play major roles in approving state plans, reviewing proposals for demonstration and experimentation, setting up coordination devices, and so on. Thus regional allocations, decisions about projects and programs, and reviews of plans need to be monitored. In the course of our study we found one relevant initiative: the embryo of a "Southeast Caucus for Child Advocacy," which is based temporarily in Kentucky and related to the federal office in Region IV. We do not know if the caucus will prove effective or viable, but the investment of time and energy in the search for an instrument is valid.

We have already outlined our thinking about what might be considered for the federal level. Other initiatives involve an attempt to set up a Children's Lobby, with state units and a Washington operation, and the effort to strengthen the national presence of groups with categorical advocacy interests.

7. Several sophisticated administrative "case" studies of categorical advocacy programs should be carried out. On the American scene, at least, categorical programs appeal to legislators and to citizens who are approached for financial contributions. We have already commented on this. The fact that advocacy on all levels is often organized on a categorical basis (e.g., retarded or blind children, ghetto residents) is no surprise. It would be useful to have some case studies on the advantages and costs of such approaches. For instance, is it true that categorical programs result in multiplied resources and appropriate attention to needs? Or are resource priorities distorted and categories of children unnecessarily segregated? There are many such issues, and systematic consideration could be helpful.

8. The timing and methodology for evaluating child advocacy programs need to be reconsidered. Child advocacy should continue only if it works. However, nobody knows whether it does and under what circumstances or whether the results justify the costs. In brief, there is no substitute for tough evaluative research here. After all, the people who proposed child advocacy systems to the Joint Commission on Mental Health of Children or the 1970 White House Conference on Children knew that service systems were inadequate and priorities were skewed. They hoped that child advocacy would help, but they were not sure.

We found in child advocacy programs a phenomenon that is not unfamiliar in other human service undertakings. Congressional and administrative mandates to evaluate new undertakings are taken seriously, but the constraints of time and procedures generally conspire to defeat authentic evaluation and may even undermine the programs themselves.

For example, shortly after a group of grants is given to a particular cluster of programs, a contract is awarded to a commercial research group or a university or social agency team for evaluation. The evaluators then go into the field to design their studies and discover that the program team has not conceptualized its operations at all; in fact, it has not even specified its objectives. In some cases the authors of the proposal may have included rhetoric about advocacy simply to improve the chances of funding. In others, the program staff are serious about child advocacy goals, but they intend to evolve the means as they go along. Quite often, goals are vague and global and not operationalized.

However, the evaluators have a contract with a time schedule, and they proceed to operationalize goals. In fact, if goals are not stated, they formulate them. Then, with goals stated and operationalized, program staff must attempt to design an adequate strategy because they know they will be evaluated on the basis of the evaluator's criteria and generally wish to be refunded for a second year! In brief, the intervention is guided by the evaluation, rather than an assessment of hypotheses, techniques, structures, and methods.

The solution to this dilemma has many components. At the very least, the timing of evaluations must be reassessed. It would be useful to determine empirically just when programs are far enough along to sustain evaluations, rather than be distorted by them. For example, how long does it take to staff, structure, and launch a specific enterprise after it is approved? When is it realistic to assess operations and when is it realistic to measure results? What kinds of criteria related to process and outcome are appropriate at what points in the life of a project? Some of the problems in timing and separation of evaluation and programming derive from congressional mandates and top HEW policy, which constrains the units responsible for project grants. But these matters too require review.

More basic, of course, are the guidelines suggested earlier: if projects were funded on the basis of conceptualization of advocacy and specification of hypotheses for testing, the mission of an evaluation would be known and the criteria for outcome could be developed. Then consideration might be given to assigning the evaluation to outside evaluators as well as to project-based researchers. Some programs would pay off better with one approach and some with the other.

Office of Child Development

As we go to press, the issue of a formal intragovernmental coordinating structure for child advocacy is being explored within HEW. In the meantime, OCD continues to convene the informal Ad Hoc Interagency Committee on Child Advocacy. It also publishes a newsletter and offers related services through its National Center for Child Advocacy. The following recommendations are therefore addressed to OCD or to whatever unit is given a more specific mandate in the future.

1. A clearinghouse for information regarding family and children's programs, including child advocacy programs, should be established in Washington, perhaps with regional outlets. The clearinghouse should serve interested individuals, groups, or organizations. Although it may be contemplated under the present charge of the National Center for Child Advocacy within OCD, it does not yet exist. The need is urgent. Lack of access, misuse of programs, lack of initiative, and failure to implement programs or take advantage of funding opportunities are often consequences of inadequate information. Everywhere we went in the course of our field work, citizen volunteers, program users, and professionals wanted information about programs and potential funding. The National Institute for Mental Health operates an elaborate, frequently used, computerized clearinghouse in the field of mental health research. A similar system is needed in the domain of social services for families and children.

For the short run, because the clearinghouse is an ambitious and complex concept, OCD or another unit of HEW could render a valuable service if it administered a geographically organized index file that would permit applicants and project grantees in child advocacy to locate one another and exchange experiences. (Our program summaries are available to launch such an index.)

2. A nonpartisan, unbiased information clearinghouse on pending federal legislation that affects families and children should be established. People throughout the country need to learn about pending legislation that could affect services to families and children and about the status of program appropriations. The level of sophistication of lobbying activity is related in part to the adequacy of available information. The extent to which individual citizens and groups express preferences on pending decisions that affect them is influenced by knowledge that decisions will be made.

Those who would encourage child advocacy and democratic planning and policy-making have reason to make it easier for people to know what is occurring in Washington (or their state capitals) that may affect them and their interests. This much said, it is not easy to invent and realize a mechanism. Special interest groups and those who advocate specific actions will keep informed and may alert potential allies when they deem pressure is needed. However, this does not help the less sophisticated or those who are identified with overall public goals rather than categorical interests. Yet there is no way to assemble all information, since some principles of selectivity must govern, i.e., some values and perspectives must guide assessments of significance and the choice of which constituencies will be informed. Nor is it possible to summarize objectively all the time, because differing values also enter into such reviews.

The need for an information resource is considerable, but there are many operational issues to be resolved. At the very least, persons who have questions about legislative matters should have a source of information. The Legislative Reference Service of the Library of Congress, for example, works successfully in a partisan environment. We have not attempted to explore all issues and therefore are not prepared to suggest whether the initiative can be governmental or must be left to the voluntary sector.

The proposed clearinghouse on programs and funding and the one on pending legislation and the status of appropriations illustrate the kinds of support that federal units may provide to local advocacy programs without inhibiting them through hierarchical structures. Technical assistance would have similar potential for real support, as we shall see.

3. The amount of technical assistance that is available on the local level to those conducting community-based programs for families and children should be increased. This proposal goes well beyond child advocacy. We found during our field contacts that far too many projects and programs are being compelled to rediscover the wheel. There is no reason why experience in community action, access services, various types of direct service programs, staff training, and so forth should not be made available on the operational level. The need is great: we were constantly asked for technical help, and others in a similar position report the same experience. The cost would be modest, given the possible increase in buy per program dollar. Indeed, we would favor decreasing the volume of experimentation, if necessary, to enhance many efforts that are now ineffectual. Even when there are no firm answers, technical consultants are able to identify issues and options and cut random movement.

The Major Human Service Agencies

Experiments should be conducted with a variety of approaches that modify and expand current programs, structures, and staff roles. Established human service agencies can contribute significantly to the development of practice models for child advocacy. As indicated earlier, child advocacy may be appropriate whenever service systems that impinge on the lives of children are not fully responsive to children's rights and needs. Such advocacy needs to be carried out in a variety of situations at many different levels by a wide range of people.

Existing human service agencies, such as public schools, hospital clinics, day care centers, recreational facilities, and settlement houses, already have access to the vast majority of children. Their staffs are in an optimal position to observe the transactions between children and the various service systems. Therefore, we recommend that these agencies and their staffs thoroughly consider the possibility of developing child advocacy components within their current programs and shaping such programs in a manner that is strategic to the institutional context in each instance.

The most obvious need, of course, is for these agencies to develop ways of ensuring that they are providing optimal benefits to the children they serve. Agencies should develop internal monitoring devices to observe their own programs from the children's perspective and initiate whatever corrections and improvements seem necessary. For example, large organizations can establish permanent internal monitoring units. Smaller organizations can engage in periodic self-evaluations, develop meaningful reporting procedures, assign one unit to review the policies and procedures in another unit, ask a staff person to play the role of a child for a day, and so on.

Human service agencies should also experiment with the development of new types of accountability devices. Few human service agencies—especially those that serve children—have any means for ensuring accountability to their consumers. Certainly consumer representation should be required on the policy-making boards of all direct service agencies. In addition, there is obviously a need, especially within large organizations, to design methods of promoting consumer contributions to different operational units. For example, although consumers may be represented on the board of a large metropolitan hospital, procedures in the pediatric clinic may continue to frustrate patients unnecessarily, unless they have access to more direct channels of influence affecting ongoing operations.

The goal of implementing accountability to the consumer is further complicated in child-serving institutions because young children are unable to represent their own interests. Therefore, their parents have an important role to play in monitoring facilities that affect children. Groups engaged in parent education and community development could increase parents' effectiveness in this regard.

Others in the community whose dedication to children's interests is recognized may add to the vantage points available and be especially helpful when the interests of parents and children are not joined or when the parents' stake precludes perspective. Citizens with grown children; professionals, including clergymen; and representatives of local civic associations and service clubs are all possible participants.

Whenever it is relevant, staff in established agencies should attempt to incorporate a child advocacy component in their normal professional roles. As indicated earlier, traditional service agencies have access to the vast majority of children and can observe their interactions with other significant social institutions. Therefore, staff in these agencies are in an ideal position to monitor the actions of other agencies and to intervene when they observe any infringement of rights or obvious lack of responsiveness. Certainly we realize the constraints of time under which most professionals already operate. There are additional constraints when roles and relationships are inadequately conceptualized. Some service relationships demand neutrality, confidentiality, and a delimited role on the part of the practitioner. However, advocacy, especially at the case level, is often completely appropriate and frequently requires little more than a telephone call or a letter demonstrating concern for the client. Such contacts remind the organization in question that its actions are being observed. If staff in traditional agencies, e.g., teachers, nurses, recreation leaders, assumed responsibility for case advocacy on behalf of the children with whom they work, the need for specialized case advocates would be greatly reduced—except perhaps in access services, as defined in an earlier chapter. Nor need most of this advocacy be adversarial in nature.

Various types of class advocacy are more likely to require the full-time attention and expertise of advocacy specialists (e.g., lobbyists, organizers, program analysts, and so forth) and to demand a wide range of actions. Here again, however, professionals in traditional agencies can fill an important role by bringing problems to the attention of such specialists. Also, at certain times it is obviously appropriate for direct service staff to mobilize regarding a specific issue and engage in advocacy interventions on a class basis. Similarly, they could provide support and technical assistance to consumer groups who wish to engage in various types of class advocacy, and agencies could be staffed to facilitate the process.

In summary, we would say that established agencies and staff often have the access, expertise, and community credibility necessary to engage in effective advocacy for children. And although we would certainly encourage experimentation with various types of specialized advocacy programs, we feel that many of the problems addressed by child advocacy could be resolved by modifications in the current practice and conceptualization of staff roles in established agencies.

Planners of Local Programs

Those who want to develop local programs should take time to think about the interplay among goals, processes, and structures. There should be no commitment to structures, staffing patterns, or ways of working until a decision is made about what is to be achieved. Even then, participants must be prepared to make changes.

It is unnecessary to repeat why we take this position. The recommendation derives from the rationale outlined for funding sources. Good will is not enough. Community support should go to those who are clear about what they want to do. Since there is still much to be learned about child advocacy, claims on public resources should be accompanied by specific objectives and a willingness to have effectiveness measured. Each program should become a component in a large social experiment designed to increase society's responsiveness to children's needs.

Those who want to create local child advocacy instruments should review what is already known about relevant substantive and methodological matters. But they should also expose themselves to new notions and assure, through staffing and structure, their ongoing capacity for learning and invention. It is crucial to avoid rigidity and orthodoxy in a field where much is unknown. It is also vital to avoid elaborate operational plans that do not acknowledge the need for trial and error in some aspects of the enterprise.

Since the work must be done by people, attention should be given to the viability of roles that are structured. Can the case advocate do his work and yet maintain the necessary relationship with clients and personnel in other agencies over a long period of time? Can the class advocate have enough personal sense of the issue when his work is technical and he does not come in contact with the children for whom he is working (e.g., if his job is to analyze social trends and invent social indicators)? Does the practitioner have both the autonomy and the sense of backing and accountability he needs for responsible work?

Professional definitions are in transition and agency boundaries are in motion. A program's agency base may be less important than what the program intends to do and who will try to do it. The practitioner's credentials may be less significant than his knowledge and competence. It is a time to suspect pat answers and to be serious about eclecticism. It is a time to strive for more and to make assessments by examining results. It is a time to understand and expand rights and a time to do something about them.

It is time to advocate on behalf of children.

Appendixes

A. Reports From the Field

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United Bronx Parents, Bronx, New York *146*
Child Advocacy System Project, Morganton, North Carolina *149*
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Illinois Commission on Children, Springfield, Illinois *162*
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Appendix A offers additional details about programs and processes for readers who are eager to have a more complete and concrete sense of what child advocacy is like in action. It should be evident from the preceding chapters that advocacy programs cannot be easily typed or categorized. Programs that use a common starting point may have dissimilar goals, those that operate from similar bases may utilize different strategies, and those that are sponsored by the same funding agency may be different in practice. It would therefore be impossible for us to describe every kind of advocacy program without mentioning every one we visited.

To give the reader some understanding of the many different types of child advocacy and to convey some sense of what the activity is like, we shall begin with descriptions of some of the newer programs that have been created with specific advocacy functions.[1] We shall then illustrate how some traditional social welfare agencies have added advocacy components to their operations. Finally, we shall summarize the programs of agencies that were practicing child advocacy before the term was introduced.

NEW ADVOCACY PROGRAMS

Center for the Study of Student Citizenship, Rights and Responsibilities, Dayton, Ohio

The Center for the Study of Student Citizenship, Rights and Responsibilities is a community-based research and demonstration project located in a black neighborhood in West Dayton. It was funded in 1970 by OEO for three years. It is the only OEO legal service program that is not administered by a lawyer, and it represents a model that was developed jointly by the founders of the Neighborhood Legal Service Program and the project's director. The program evolved from the director's personal experience in the local school system and his acknowledged position as an advocate for students.

The program is based on the implicit assumption that education is a primary means of achieving upward economic and social mobility in American society. Its major objective is to make schools more responsive to the needs and wants of students—especially low-income and minority students—and to ensure that students receive the rights and entitlements that are their due.

The program has a large national board, which includes many prestigious members (some of whom are relatively inactive) and a local, somewhat more active board composed of leading citizens and representatives from the local community. At present, the local board is not an active policy-making body, but it is anticipated that community participation will expand and that eventually the board will play a larger role in policy determination. Current policy is established by the director—an unusually competent and dynamic young professional educator—in conjunction with his staff. The paid staff includes the director and ten parent "ombudsmen," who function as student advocates. Additional student and parent ombudsmen work for the organization on a volunteer basis. A staff lawyer supplies an active legal service component to the program as needed. With the exception of the director, lawyer, researcher, and administrative assistant, staff members are primarily indigenous paraprofessionals, most of whom have been active in other citizen action groups such as welfare rights and civil rights organizations. Furthermore, many of these staff members had previously worked with the director and thus were known to him when hired. This creates an especially close-knit and dedicated staff, able to work in a loosely structured organization to seek shared goals.

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[1] Given the diversity of programs, no one outline applies to all. Given the "ages" of the various programs and the fact that some of our studies were more intensive than others, the summaries also vary in length and depth. We only seek to expand on the illustrations offered previously.

In achieving its goals the program utilizes both case and class advocacy. Its major effort involves educating students and parents about the school system and their rights and responsibilities as defined by law. The program's objective is to ensure that the educational system is accountable to its consumer group, i.e., students, and to effect necessary change from within the system.

These goals are being implemented through a number of activities, such as (1) providing information to students by publishing a *Students' Rights Handbook*, (2) holding workshops to educate students about their rights and responsibilities, (3) providing information about relevant institutions, e.g., the juvenile court system, and (4) training lay advocates (or ombudsmen) to act as spokesmen for students involved in disciplinary action with the schools or police.

The use of ombudsmen as case advocates for students is the fulcrum of the program and provides an individual service component as well as the case finding from which class advocacy is derived. An ombudsman intervenes in a case situation when either the student or his parent requests assistance. Typically, the student telephones within a day after an incident occurs and an ombudsman interviews him the same or the next day. The ombudsman immediately telephones the school and makes an appointment for the same or the following day with the principal and the teacher involved. Facts are presented, analyzed, and evaluated by both sides. Then the ombudsman arranges to meet with the student, his parents, the principal, and possibly the teacher and negotiates an appropriate resolution of the conflict. Usually such matters are resolved satisfactorily within three or four days; they rarely take longer. If, in the course of his work, the ombudsman feels that there are problems in the family or in the student's personal situation that require further assistance, short-term counseling, referral, or other services may be provided. Rarely does the ombudsman's involvement last longer than a few weeks.

Apparently, the reason many conflicts have been resolved effectively is that students and ombudsmen are aware of students' legal rights and teachers are faced with outside intervention or even penalties and legal action. Between May 15 and 18, 1972, a relatively typical period, the center received twenty-seven requests for help and fourteen of these were resolved. Low-key negotiation, coupled with the implicit potential for more direct confrontation, results in efforts on the part of all parties to find satisfactory solutions. [illegible] facet of the program is its main foundation and has become increasingly well known; the center receives telephone calls for information and help [illegible] people well beyond Dayton and occasionally from out of state.

The program has been intensively involved in two specific schools. A student court, in which students control disciplinary measures involving other students, was instituted at these schools. The center trains the students with regard to their rights and legal procedures. The participants in these courts include a wide range of youths, some of whom are considered disaffected, alienated, and disruptive. Since this program has allegedly been effective in improving students' morale and behavior, it presumably will expand to other schools, although several schools are apprehensive about such an approach.

A related area of program development is the establishment of Student Boards of Inquiry. One board is looking into the subject of discipline in the schools: i.e., what the issues and problems are and what the solutions might be. Another board has been charged with identifying areas of the curriculum that need to be changed.

The center's program also involves lobbying activities. A major target is the elimination of corporal punishment from the schools, and the center is trying to develop broad support for repeal of existing legislation that permits such punishment.

The center is unusual for several reasons: (1) the degree of conceptualization and planning that went into the project before it was funded, (2) the nature of its leadership—the director is an articulate professional with full credentials in the field of education and is known as a community activist who is totally identified with his constituency, (3) its unusually competent, well-trained, and responsible staff, who are enthusiastically committed to the program and its goals, and (4) its emphasis on negotiation, persuasion, and publicity rather than confrontation and adversary tactics. The program has focused on providing complete information about rights and entitlements, obtaining complete documentation of incidents leading to conflict, and using the threat of legal action as a last resort. This approach, against a backdrop of existing racial tension and unrest in the local school system, has made the school board more than willing to cooperate with the project. Because the center emphasizes quality education, the school board sees the program as a potential ally in publicizing the school system's needs and problems. Essentially, the program is using a within-the-system approach to changing the schools. Interestingly enough, the project now receives referrals from members of the Board of Education as well as school counselors—an indication that the program is effective and increasingly accepted.

The program's success has stimulated additional problems, however. The program has received national acclaim and there is a great deal of pressure on it and the director to expand in terms of constituencies, targets addressed, and replication in other areas. For example, the Harvard School of Education is developing a similar program, and the center's director has been closely involved with this endeavor.

The problems that success creates can be seen in other successful programs as well. In other words, once a program gains a national reputation, pressure mounts to have the program expand and have the staff speak and consult with groups throughout the country. It is far from certain, given all the locally relevant variables, just how replicable any specific program is, what happens when staff efforts are diluted by expanded interests, and what the relationship is between a local community program and a large-scale social program.

United Bronx Parents
Bronx, New York

United Bronx Parents began as a grass-roots self-help organization of Puerto Rican parents who lived in the South Bronx, New York City. Since its establishment in 1965, it has gradually expanded its influence in the city and has initiated similar developments in other ethnic communities throughout the country.

The present director launched the program on a volunteer basis when, as president of the local Parent-Teachers Association, she became increasingly concerned about the rigidity of school administration, qualitative inadequacies in the school curricula, and the school system's unresponsiveness to what she defined as the valid needs of Puerto Rican students. Frustrated in her efforts to achieve change through existing structures, she organized a large number of Puerto Rican parents in the community, formed a separate organization, and incorporated it under the name of United Bronx Parents. Until 1966 the organization functioned strictly on an informal, voluntary basis; however, in 1966 it received a small grant from OEO and has since received funds at different times from HEW, the New York City Addiction Services Agency, private sources such as the Ford Foundation and the Field Foundation, and the Urban Coalition.

The membership increased rapidly, and in 1967 the organization began to expand its original focus on the school system to include health services, housing, welfare, and the juvenile justice system. But its primary activities continue to be school-related.

The program's staff and constituency are primarily Puerto Rican, but there is some participation by blacks. The organization has several branch offices in addition to its main center. However, the number of branches, the size of staff, and the scope of the program vary, depending on the financial situation at a particular time. Since funding tends to be spasmodic, short term, and variable, an enormous amount of the director's time and effort is devoted to fund-raising.

The executive director administers the program as a whole. There are six satellite programs, each of which is administered by an assistant director and a staff of education specialists or aides. All the organizing and training staff are indigenous to the community and most are paraprofessionls. Each center runs its own Parent Leadership Training Program, and staff roles are quite flexible, responding to immediate demands.

Policy is determined jointly by the executive director and a board of directors. The board is composed of fifteen community residents who are parents of children currently enrolled in the local school system. Members are nominated by other members, the staff, or the director. Although theoretically the board must approve the executive director's decisions regarding policy, the executive director—an extremely articulate, dynamic, and aggressive woman—is in fact a determining force in the organization.

The organization also has a forty-member advisory board, which meets twice a year and is composed of a miscellaneous group of professionals, academics, and "significant lay people." This group's function seems to be that of providing prestige, influence, expertise, or contacts when needed.

United Bronx Parents gives the overall impression of being a loosely structured, informal, grass-roots organization whose size varies depending on funds available, the importance of the issue being addressed, the immediate interests of the community, and the political climate.

The program's current focus is a combination of class and case advocacy, with particular attention devoted to the school system. The major activity is training parents to act as advocates for their children in the local school system. A series of programs has been developed to teach parents how to evaluate curricula, teaching performance, administrative efficiency, and school programs generally. In addition, parents are informed about relevant legislation, the role of local school boards, principals' and administrators' obligations and responsibilities, and student and parental rights and entitlements. The program organizes parents to intervene in the school system on both an individual and a team basis and on behalf of individual students as well as groups of students. The objective is to create a monitoring system that is supported by facts.

In the past year the organization's activities have involved housing, welfare, and health as well as education. For example, through the Model Cities Program it is sponsoring a housing development in the South Bronx in the hope that this will encourage teachers to move into the neighborhood. There is an adult education program administered by the six offices (including an adult literacy program and English classes for non-English-speaking people); a day care program for children; two "problem" centers, which provide case advocacy services for parents who drop in with a range of problems; a drug prevention program; and a youth program that provides recreation and college referrals.

The organization is basically a community action program, in the OEO sense, focused on class advocacy and, to a lesser extent, case advocacy. There is also a direct service component within the organization, although this is considered less important than other activities. The direct services include general access services, such as information, referral, and follow-up, as well as case services. Case advocacy is the strongest component of the direct service program.

Although most youth and almost all parent volunteers are from the local community, the organization currently addresses problems of children all over the city. Increasingly the organization views itself as representing a city-wide constituency, especially the more militant Puerto Rican community.

Primarily because of the executive director's ability, interest, and aggressiveness, the organization's influence has expanded far beyond what one would normally expect from a community-based group. For example, at present the organization has a grant from HEW to develop a parent evaluation manual for training parents to act as advocates for their children and to monitor in the schools. This will be utilized as a training manual for parents throughout the country.

As a result of the extensive parent training program, staff have been providing technical assistance to groups across the country that are interested in similar kinds of parent advocacy. Training sessions have been conducted by staff with Mexican-American parents in California, black parents in Boston and Cleveland, American Indian parents on reservations, and white middle-class parents in Stamford, Connecticut, and Tuxedo Park, New York.

In addition to constant funding problems and conflicts with groups representing the smaller black community, the group is faced with another problem: the lack of a legal service component. School-related problems such as illegal suspensions, truancy, drug abuse, and juvenile delinquency often require legal services, and the organization is searching for ways to develop such a component. Again, however, there is the problem of obtaining sufficient funds for expanding the program into this area—not to mention the difficulty in finding Puerto Rican attorneys.

United Bronx Parents continues to expand and be effective, not only because it focuses on issues that are important to local people, but because of its leadership. It emphasizes the shared problems of parents in a relatively homogeneous community, and, like the Students' Rights Center in Dayton, Ohio, it seeks quality education as an instrument to achieve upward social and economic mobility for its constituency. The organization views child advocacy as a component of a broader effort in community development with wide political objectives.

Child Advocacy System Project
Morganton, North Carolina

The Child Advocacy System Project (CASP) is located in Morganton, North Carolina, a community of approximately 13,000 people located in the foothills of the Appalachian Mountains. The project is administered through the Learning Institute of North Carolina and is funded by a grant of approximately $120,000 from BEH/NIMH. The project focuses on children in the Mountain View Elementary School, which is situated in a poor black area of the community, but it also serves children from a broad range of socioeconomic backgrounds. During the first year, the target population consisted of seventy children in kindergarten and first grade, but the program will eventually be expanded to include all children from kindergarten through the fourth grades.

CASP was the result of the theoretical work and discussions of people at the Learning Institute of North Carolina and the Child Advocacy Center, both located in Durham. The Child Advocacy Center, which functions as a sort of "think tank" for the State Department of Mental Health, was established as a joint educational center by the department and the University of North Carolina at Chapel Hill. The center's staff view child advocacy as a set of procedures or interventions which will ensure that a child receives the human services necessary for his optimal development. Since they view the child in "system" terms, they posit that the child must be observed in interaction with his environment to determine how his development can best be enhanced. And since the staff are concerned about the rights of children, they suggest that child advocacy can also be viewed as a developing methodology for improving the fit between the child and his "ecology" and for making child-serving institutions at least partially accountable to the child.

Because the project is so closely related to the Child Advocacy Center, it has a strong research component and a more extensive theoretical base than most of the other recently established child advocacy programs. The project's major goal is to establish a model for moving a child advocacy system into a neighborhood, i.e., it intends to study what happens when a child advocacy team is introduced to a neighborhood system consisting of children and families, the local school, established community facilities, and interest groups. Specifically, the project focuses on what happens when the school is used as the entry point to the neighborhood, since theoretically a child advocacy program could be introduced through any one of the system's significant components. The elementary school is a critical variable in the lives of children and provides access to all children in a specific age group. Thus the staff at the center are especially interested in the problems and potentials of the school as an entry point.

CASP's goal is to examine the ecology of every child within the target population and to use whatever interventions are necessary to maximize each child's potential for growth. To do this, the project utilizes a "scanning model" by which the child advocate "enters the child's ecology" to observe and collect data regarding the fit between the child and his environment. Once adequate data have been collected, a team assesses the adequacy of the fit. If the child's development appears normal, the child advocate simply continues to scan or monitor his progress on an ongoing basis. If there appears to be an unsatisfactory fit in some area, the team designs and implements an advocacy plan to effect whatever changes seem necessary.

The project is administered by a small board composed of the project director, other staff members at the Child Advocacy Center, and the director of the Learning Institute. In practice the project director has almost complete autonomy, although he wants the authority to be shared with the board and insists on meeting with them with some degree of regularity. The actual work of the project is carried out by a team of three child advocates who live in Morganton. The project director and the full-time research director spend two days a week in Morganton and keep in close contact by telephone the remainder of the time. The staff operates on a team basis, although one advocate acts as the coordinator and takes responsibility for the other advocates' activities. The staff members are young, dynamic college graduates who have had a variety of experience in the fields of mental health, education, and community organizing.

The project staff feel that the interests of the parents and children sometimes differ and therefore see themselves as accountable only to the children. For this reason, they have not established any type of neighborhood board. Instead they try to monitor each decision they make in terms of how it affects the lives of the seventy children in the target population. They realize that this makes their accountability a subjective matter, but they have been unable to devise a plan for a board that would totally represent the interests of the children and take adequate account of the different interest groups within the total community. As a consequence, the project at this point is a professionally based operation.

Using the scanning model, each of the three advocates has responsibility for one-third of the children in the target population. In addition, each has a broader responsibility: one is the advocate in the community, the second is the advocate in the school, and the third is the advocate in the neighborhood. Thus each takes responsibility for assessing the ecology of a given subsystem and for intervening appropriately to bring about needed changes. Since the advocates operate on a team basis, however, their work overlaps to a great degree.

The staff's initial effort involved talking and playing with the children and observing them at school, in the neighborhood, and at home. At the time of our study the staff members had completed one scanning review of each child and were working on a second round. After completing each assessment, the team decides if any intervention is necessary and attempts to carry it through. On a case basis they provide access services such as information, referral, brokerage; serve as lay spokesmen; and monitor the activities of other agencies. For example, they became involved in a case of neglect in which the Department of Public Welfare was attempting to terminate a mother's parental rights. Since they had not met the family when the issue first arose, they did not feel they could take a position on the termination. However, they monitored the department's actions every step of the way, raising significant questions with the welfare workers, court officers, and school personnel about how the process was carried out.

On a class level, the advocates have conducted a variety of interventions. For example, they initiated a training program for teachers of children with learning disabilities. One advocate has participated actively in a voter registration drive, and another has been developing strategies to deal with the issue of how cumulative school records are used. The basic principle for their activities is simply to do whatever seems necessary to enhance the development of the children within the target population.

Generally, the staff, the board, school personnel, and the community at large are satisfied with the project's progress, and the children in the target population are especially enthusiastic about their advocates. The major tasks facing the project at present are to devise ways of involving a larger segment of the community in its activities and to develop mechanisms to ensure accountability to consumers.

The project seems to be fulfilling an unmet need in the community—monitoring service systems from the child's point of view. Yet if the project has thereby identified a new institutional need in society, the question arises whether such a program can be established on an ongoing basis and be made truly accountable to its consumers. The project considers this question to be crucial and is discussing alternative approaches.

Action for Children's Television
Newton, Massachusetts

Action for Children's Television (ACT) was started in 1968 by a group of housewives who were attempting to develop cultural enrichment programs for children in their community. Although initially these housewives were concerned about the problem of violence in children's television programs, they gradually broadened their focus to include the general issue of quality and quantity in children's television. The group has grown from a small number of volunteers to a large voluntary organization with a staff of four, a membership of approximately 2,[illegible]00, and funding by a foundation grant.

ACT is a single-issue organization that engages in class advocacy. It seeks to make citizens more aware of the problems in the children's television field and to sensitize the Federal Communications Commission, the major networks, and individual broadcasters to the demands of consumers. ACT has proposed three specific guidelines for children's television to the Federal Communications Commission: (1) Hosts on children's programs should not attempt to sell any products. (2) Instead of showing commercials during children's programs, companies should be asked to underwrite programs in exchange for a one-line credit at the end. (3) There should be a minimum of fourteen hours of programming a week for children of different ages.

To achieve its goals, ACT utilizes a number of strategies. First, staff and members have engaged in intensive study of the entire problem of children's television, immersing themselves in the literature and trade journals. As a result of an early study, the organization decided to focus on the problem of advertising because commercial interests seemed to dictate the content of programs. It has also conducted informal studies, for example, on the proportion of time devoted to commercials in children's and adult programs. In addition, ACT commissioned two recently completed major studies: one focuses on advertising practices in television; the other analyzes the content of Saturday morning programs.

ACT's second major strategy has been to engage in extensive public education through speaking engagements, monthly newsletters, and annual conferences. Also, the organization has published one book about its work and maintains a resource center and consultation service for people who want to organize local action groups.

Finally, staff and members have testified at public hearings and used a variety of organizing techniques to put pressure on the Federal Communications Commission, broadcasters, and networks to change their standards. In addition ACT filed a brief with the Federal Trade Commission, asking them to prohibit vitamin and other drug advertising on children's television.

The major success of this organization to date is that the general public is now more concerned about the problem of children's television than it was previously. ACT has achieved several other small victories: for example, the National Association of Broadcasters has reduced the amount of commercial time allowed on children's programs from sixteen to twelve minutes per hour. Unlike most child advocacy programs, however, ACT is attempting to change an industry that affects major commercial interests. Therefore, it encounters far greater opposition and, because of tax constraints, must be much more selective about the strategies it uses than would organizations engaged in quarrels in the human services.

After ACT got the Federal Communications Commission to publish its guidelines in a primer on community needs in television, the commission received more than 100,000 letters and legal briefs, most of which supported ACT's position. However, the National Association of Broadcasters, the three major networks, and a number of individual advertisers and broadcasting stations filed briefs opposing their position. Many professionals seemed to assume that establishing a regulatory agency in one or more parts of the children's field would eliminate many current problems. But ACT's experience indicates that even with regulatory agencies, outside forces are needed to monitor activities and develop constituencies concerned with outcomes. ACT's experience also illustrates the case for a single-issue coalition in the child advocacy field.

A NEW COMPONENT OF ESTABLISHED PROGRAMS

Family Advocacy Program
Family Service Association of America

The Family Advocacy Program of the Family Service Association of America (FSAA) is interesting because it represents an attempt to change the major thrust of some of the most traditional direct service agencies in the social work field. The concept of family advocacy was developed at about the same time as child advocacy and is similar in many respects: "The purpose of Family Advocacy is to insure that the systems and institutions with direct bearing on family life work for those families, rather than against them."[2]

Perhaps the major difference between family advocacy and child advocacy is that the model for the former was developed and promulgated by FSAA's national office. Thus all the local programs are similar. We visited six of these programs and base our observations on these visits as well as FSAA literature, questionnaire responses, and a meeting with national office staff.[3]

Because of their casework programs, family service agencies are in a particularly sensitive position to identify community needs. In addition, because their boards include many influential citizens who are known for their social responsibility, these agencies have the opportunity to be especially effective at a public policy-making level.

Family advocacy focuses on the needs of the total family and, like the individual counseling and other services provided by family service agencies, is directed toward strengthening the family as the basic unit of society. The program's central concept is that family agencies should not only attempt to solve the problems of the individual families who come to them for help, but also should attack the causes of these problems in society. Therefore, frequent reference is made to the notion of "case to cause" advocacy, i.e., problems in social institutions, which can be noted in individual cases, should be attacked at a policy level, so that the results will benefit others with similar problems.

At the national level, it is recognized that before they can engage in effective advocacy, agencies may have to engage in "internal advocacy" to make their own programs more responsive to clients' needs. Advocacy is viewed as a function of the entire agency—staff, board, and administration. Great stress is placed on the roles of clients and community groups, and agencies are encouraged to engage in collaborative and consultative work with them.

The advocacy process is conceptualized as including the same phases as the casework process: definition of the problem, study, diagnosis, treatment planning, implementation, and evaluation. The proposed strategies are many and varied, encompassing whatever techniques are necessary to achieve a desired goal. Therefore, intervention may consist of a simple case conference or an extended campaign of fact-finding, organizing citizen support groups, demonstrating, and lobbying.

Agencies involved in family advocacy have achieved a number of policy victories. For example, they have obtained rulings that make it possible for pregnant teenagers to attend regular classes, effected change in the procedures for allocating public housing, organized a coalition to fight cutbacks in welfare, forced a change in the formula for state distribution of Title I funds for education, and obtained passage of an open-housing ordinance. In addition, introduction of family advocacy programs has set off changes in some FSAA agencies, such as giving consumers greater representation on the boards, decentralizing decision-making, simplifying intake procedures, making staff more aware of the social causes of individual problems, and sensitizing board members to the need for social change.

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[2] Ellen P. Manser, *The Family Advocacy Manual* (New York: Family Service Association of America, 1972), p. 1.

[3] Child and Family Services of New Hampshire, Manchester, New Hampshire; Family Service Association of Nassau County, Mineola, New York; Catholic Family Services, Hartford, Connecticut; Family and Children's Service, Nashville, Tennessee; Child Service and Family Counseling Center, Atlanta, Georgia; and Family and Children's Service, Minneapolis, Minnesota.

In implementing their advocacy programs, the agencies have generally used one of three operational plans. Some have engaged in extensive internal advocacy and are working hard to make advocacy an integral component of their total program. Others have established family advocacy as a separate functional unit and have hired a community organizer to engage in policy advocacy relatively independently of the rest of the staff. Still others have attempted to combine these approaches by hiring an advocacy specialist who can direct and coordinate the advocacy efforts of the entire staff. In many ways, the agencies that have established advocacy as a separate unit have been able to achieve concrete results more quickly than the others because they have not had to struggle with the problem of changing their operations and philosophy. In the long run, however, the presence of one more organizer in a given community is likely to have relatively little impact. If it is true that many individual problems have social causes, more innovative actions by family agencies will be necessary. Therefore, the family advocacy programs that will probably be successful in the long run will be those that engage in extensive internal change at the same time they attempt to effect change in the larger community.

Probably the basic problem confronting these programs is the dichotomy that many see between individual and social change. All the agencies indicate that they have had great difficulty getting caseworkers (who are accustomed to thinking about problems in individual behavioral terms) to view their clients from a different perspective and to identify issues and obtain adequate documentation to effect change at a different level. In addition, agencies have generally not coped with the problem of structure. Thus they remain eager to initiate advocacy programs that will not threaten or divert resources from their individual counseling services. For example, a complaint was filed about the tax-exempt status of one agency after its family advocate organized a public campaign to oppose legislative cut-backs in welfare. This agency remained committed to its position, but the incident makes it clear that agencies must confront the possibility of reduced funding and support and make a determination about priorities if they are to consider family advocacy. Other potential problems identified in such programs include the following: How should resources be allocated between direct services and social action? What kind of relationship should there be between the casework staff and the advocate, when the latter is defined as a specialist? Who should have final authority for determining advocacy issues and strategies?

It is always easier to start a new program than to change an old one. The struggle family agencies are currently undergoing is a necessary one and should be followed closely because it provides critical information about the process of institutional change—information that is necessary if child advocacy is to become a more widespread phenomenon. It will also be interesting to note further developments in family advocacy because

FSAA has developed an extensive conceptual framework for its advocacy program and is the only organization of this type to give serious attention to goals, processes, and evaluation criteria.

We do not know whether a unique child advocacy focus will appear in any of the FSAA units in response to case experiences. But this may occur because providing services to children and help on child-parent problems are major FSAA casework components.

Wisconsin Association for Mental Health
Madison, Wisconsin

Mental health associations in several areas of the country have developed rather elaborate child advocacy programs. Many of these are traditional voluntary associations that focus primarily on the needs of the emotionally disturbed and are rather uncertain about their future direction in view of the new emphasis on prevention and community mental health. They have been influenced by the Report of the Joint Commission on Mental Health of Children and have used the joint commission's recommendations as a platform to redefine their objectives and to establish various programs of child advocacy.

The child advocacy program of the Wisconsin Association for Mental Health, for example, conforms closely to the joint commission's recommendations. The program notes the fragmentation and gaps in service and utilizes a concept of child advocacy that emphasizes the necessity for promotion and protection of the emotional, physical, social, educational, and legal interests of all children. It stresses that since children do not have a voice in the political process, they need someone to represent their interests in the political arena. Child advocacy is viewed as a system that begins with the child; goes through the family, the community, the region, the state; and ultimately reaches the federal level.

In operationalizing its concept of child advocacy, the association went through a rather elaborate process that culminated in a proposal for a Governor's Advisory Council on Child Advocacy. The first step was to organize the Child-Adolescent Committee, composed of professionals in the state who had given special attention to the needs of children. On the recommendation of that committee, the Parent-18 Committee was established, composed primarily of parents of emotionally disturbed children who are under the age of 18. Both of these committees worked together to stimulate thinking about a child advocacy system in the state. Next the association obtained an NIMH grant through the Wisconsin State Department of Mental Hygiene and established the state-level position of Child–Adolescent Services Coordinator. This position has provided the manpower for conducting community programs and generally stirring up interest in the concept of child advocacy.

In early 1971 the association recommended that the governor establish a Child Advocacy Council as a statutory agency within his administrative office. It suggested that the council be composed of nine to twelve members who would be professionals in the health, education, legal, and social service fields and laymen who represented parents of children in need. It further suggested that in addition to an executive, the council staff should include professionals from the mental health, education, legal, and social work fields. The association defined the council's responsibilities as (1) study and evaluation of local, state, and regional health, educational, legal, and social service programs for children, (2) publication of reports on the status of such programs, (3) advising the governor on relevant programs and issues, and (4) development of a blueprint for a child advocacy system in Wisconsin. It recommended that funds for the Child Advocacy Council should be sought from HEW advocacy grants or (if such a grant could not be obtained) that staff positions from existing state agencies should be transferred to the council, allowing such staff administrative autonomy from their own departments.

Following publication of these recommendations, the association conducted eleven public regional hearings on the issue of child advocacy, to which all interested citizens and professionals were invited. Generally, the attendance was broad-based, but there was a preponderance of professionals. As a result of these hearings, interest in child advocacy was stimulated and child-adolescent committees were created in many county associations of mental health. These county committees are viewed as forming the base for county councils on child advocacy.

Subsequent to these hearings, the association's staff turned its attention to holding regional training meetings, highlighting children's programs, and organizing people to identify needs and develop means of implementing recommendations. During this period the Child-Adolescent Committee began to focus on the problem of interdepartmental cooperation in the state. The Parent-18 Committee has been organizing to get parents and other consumers represented on the various state advisory councils.

These activities have stirred up a great deal of interest in various segments of the state with regard to child advocacy. For example, the governor assigned a member of his staff to study the matter, and the annual conference of the Governor's Committee on Children and Youth focused on child advocacy. (At this conference a number of right-wing and youth groups organized to oppose the child advocacy concept, as they understood it.) A number of people who favored child advocacy began to raise questions about the viability of the association's proposal because they felt it was biased in favor of children's mental health needs, rather than all their needs, and emphasized the role of professionals. Consequently, other groups, such as a local chapter of the National Association of Social Workers, have begun to develop their own proposals for child advocacy. Finally, the Governor's Committee on Children and Youth, in a report prepared at the governor's initiative, requested funding to launch a demonstration project in child advocacy, but recommended against the establishment of a statutory council on child advocacy.

The result of all this activity has been numerous debates and many proposals. Parents of emotionally disturbed children have been encouraged to organize and act as advocates for their children. Thus far, there has been little specific change in the state's services for children, but the entire process is still in the early stage.[4]

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[4] As we went to press, we were informed that as of July 1, 1972, the governor appointed a Governor's Advocacy Committee on Children and Youth. It will function along the lines of the council proposed by the Wisconsin Association for Mental Health and has requested $300,000 in federal funds for this purpose.

Community Resources Development Unit Kentucky Department of Child Welfare Frankfort, Kentucky

The Community Resources Development Unit is one of five operational units in the Kentucky Department of Child Welfare. It was established in 1972 with a staff of fifteen persons. The unit's basic function is to establish County Child Welfare Citizens Committees in thirty-four of the state's 120 counties. It is funded by the welfare department's state and federal funds. Expansion to the remainder of the state will depend on the results of an eighteen-month evaluation. These committees, each to be composed of eleven to twenty-one citizens who represent diverse segments of the county, are expected to evaluate the needs of children in their respective areas, determine priorities for action, and carry out selected projects aimed at improving the quality of life for children in the area. Such projects may focus on a selected group, such as delinquents or battered children, or on a broad issue, such as housing or income maintenance.

The program was created on the premise that professional resources and tax monies will never be adequate to meet the needs of all children in the state and that existing human service agencies in both the state and nation are now reaching only a small percentage of those who need help. Therefore, the responsibility for assuring that all children in a community receive the services necessary for their optimal development must rest with the community at large. The responsibility of the Community Resources Development Unit staff is to organize and staff committees and to play a catalytic role in stimulating widespread community concern and action.

This program is of special interest because it focuses on the needs of all children, rather than on those of a selected group, and on citizen accountability and involvement in children's services. One major constraint on the program is the fact that no funds are allocated to the county committees to carry out their action projects. The assumption is that the committees should discover the hidden resources in their communities and organize public support for their programs. Of course, if the county committees are able to mobilize their communities to demand adequate resources from the legislature and the governor's office, the Department of Child Welfare might decide that the program is too controversial to be continued. However, the program's logic and thrust could prevent this. By admitting at the outset that government, taxes, and professionals have failed to meet more than a fraction of the needed services, the responsibility is transferred from the governor's office and legislature back to local people. The guidelines for committee membership support the idea of citizen responsibility: there are no paid providers of social services (social workers) or political officeholders on the committees.

At the time of our study, this program was just getting underway, so it was too early to assess its viability. The program does, however, illustrate another way in which a traditional service can take on a child advocacy function. Two other states have experimental child advocacy projects in the state departments of mental health, and one has developed guidelines for case advocacy in the department of social services. The Kentucky program also illustrates the trend toward a universal focus (i.e., all children) and community involvement in public child welfare services. On the basis of what we have seen, we expect programs of this type to be replicated in other areas of the country.

ADVOCACY: BEFORE IT WAS NAMED

Massachusetts Committee on Children and Youth
Boston, Massachusetts

The Massachusetts Committee on Children and Youth (MCCY) was appointed in 1959 as an advisory committee to the governor. The Massachusetts Fund for Children and Youth, a nonprofit tax-exempt foundation, was subsequently established in 1960 to raise and disperse funds for MCCY. As with many of the other state committees, the primary impetus for the establishment of MCCY was the need for an official state body to prepare for and implement the recommendations of the 1960 White House Conference on Children and Youth. Thus the committee's initial charge was to (1) represent the Commonwealth's interests in preparation and follow-up for the 1960 Conference on Children and Youth, (2) study the needs of children in the state and develop appropriate recommendations, (3) act in an advisory capacity to the governor and state departments on matters of importance to children, and (4) utilize all possible means, including legislation, community planning, and action, to implement its recommendations.

Structure. Because MCCY is appointed by the governor, it operates under both public and voluntary auspices, whereas the Massachusetts Fund for Children and Youth is an independent nonprofit corporation that elects its own officers. The memberships of these two bodies overlap sufficiently to ensure consistency and integration of their policies and activities; however, the dual auspices provide MCCY with a freedom of action that would be impossible if it operated under a single auspice. The fund was created initially because of a legal question as to whether an advisory committee could be incorporated. But in addition to raising and dispersing funds, the fund guarantees the committee a degree of independence and permanence that could otherwise not be maintained by a committee that exists solely at the wish of the governor. On the other hand, since the committee acts in an advisory capacity to the governor, it has greater access to public officials and is freer to engage in political activity than a private, tax-exempt organization would be.

At the present time, the committee consists of approximately 180 professionals, local public officials, business executives, and lay citizens—most of whom are knowledgeable and respected leaders in the children's field. Since MCCY does not have a formal system for rotating membership and there are no annual meetings or activities, many members are inactive. A fifteen-member executive board has major responsibility for determining policies and carrying out the committee's work. In addition there are four standing committees organized to deal with special problem areas such as day care and juvenile offenders.

MCCY currently has one part-time and four full-time professional staff members, an administrative assistant, and clerical help. The professional staff are all high-caliber, experienced people with extensive backgrounds in research, community organizing, and planning. They function in an independent, flexible manner, working on specific projects and staffing the board subcommittees in the areas in which they have special interest and expertise. For example, in addition to his administrative and program responsibilities to MCCY and the fund, the executive director carries on the necessary liaison work with the governor's office, the Office of the Secretary of Human Services, and the commissioners of state departments that serve children. He also serves on numerous official and semiofficial committees and task forces. One full-time staff member concentrates her efforts in the fields of juvenile delinquency, juvenile justice, and funding of children's services. Another works primarily in the areas of public welfare, local community planning, and heroin addiction. A third worker is doing a study of runaways and street children. The part-time person concentrates entirely on fund raising.

The size of the professional staff has fluctuated somewhat over the years in relation to specific projects and contracts. At one point MCCY employed nine professional staff, and it has always made extensive use of part-time staff and consultants. In addition, it frequently organizes ad hoc task forces to work on specific issues and often works in coalition with other community groups and organizations.

MCCY's budget for 1970 was approximately $144,000. From its earliest days the committee has received substantial assistance from the State Department of Public Health; in addition, it is financed by contracts and consultation fees from public and private agencies, donations, and foundation grants. Also, in the past, when MCCY planned to engage in active lobbying, it established independent organizations to receive and disperse funds on a non-tax-exempt basis.

The staff are expected to function within the policy guidelines established by the board. The committee is accountable to the governor and is expected to function in the best interests of children throughout the Commonwealth. There are, however, no mechanisms for insuring accountability to "consumers," an undefined group in this context.

Activities. In carrying out its broad mandate of providing leadership to improve the quality of life for children, MCCY has chosen to concentrate on improving the services provided by public agencies that impinge on children's lives. Therefore its major activities consist of studying needs and monitoring existing service systems, drafting legislation, organizing public support to implement its recommendations, and consulting with the governor's office, the legislature, public officials, public and private agencies, and community groups.

MCCY's activities are of four kinds: studies, social action, consultation, and conferences. The committee has a strong research base, and it has published twenty major reports that have guided many subsequent activities. It has formulated position statements and taken action on most of the major issues before the legislature that are related to children. The method has varied, depending on the issue, from a single letter or telephone call to months of intensive work, and action has been taken on various issues such as mandatory licensing of day care facilities, repeal of prohibition against educational requirements for certain state civil service positions, and appropriation of funds for professional child welfare workers. MCCY has provided consultation assistance to a number of public and private agencies and groups such as the Department of Public Welfare, the Boston Mental Health Survey, and the Governor's Advisory Council on Medicaid. And

MCCY has sponsored major conferences on day care and the problems of youths in addition to the statewide conferences held in preparation for the 1960 and 1970 White House Conferences on Children and Youth.

MCCY's two major efforts to date have been the reorganization of the state's public welfare system and the establishment of the Department of Youth Services. In the first case MCCY was involved over a three-year period (1964–67) as the administering agency of a broad-based community effort to reform public welfare in Massachusetts. To do this, the committee commissioned a major study of the public welfare system and engaged a legal firm to translate the study recommendations into legislation. MCCY then established a separate Committee on Reform of Public Welfare, which could receive and dispense funds on a non-tax-exempt basis, to serve throughout the reorganization campaign. This committee engaged the services of a professional lobbyist. Since the legislation did not pass the first year, it was redrafted and resubmitted the following year and, with the lobbyist's help, a sophisticated statewide campaign was launched to gain support for the bill. After the legislation was passed in 1967, the committee then had to organize against a threatened veto by the governor and mobilize support for the passage of a $92 million tax bill needed to implement the reorganization act. The major accomplishment of this effort was the establishment of a state system of public welfare, which placed the 270 autonomous local welfare offices under one administration and provided for a network of community service centers throughout the state. Because of the tremendous problems involved in implementing this legislation, especially because of the turmoil in public welfare in recent years, MCCY continued to work closely in a consultant capacity with the Department of Public Welfare for three years after the bill was passed.

MCCY's other major accomplishment has been the creation of a new Department of Youth Services to replace the totally inadequate, outdated, and politically controlled Youth Service Board. This effort, initiated in 1964 by MCCY's recommendation to the governor for a full-scale study by the Children's Bureau, finally culminated in the passage in 1969 of major legislation creating a new Department of Youth Services. First introduced in 1967, the legislation translated into legislative mandate the sweeping recommendations of the Children's Bureau report. Among the barriers to progress was the fact that those who supported change were divided with respect to the best way to structure the new agency. In addition, those employees of the division who felt threatened hardened their opposition. Consequently, MCCY had to engage in extensive and delicate negotiations with various groups in the legislature, the governor's office, administrative agencies, court officials, and various professional groups to develop consensus and support for the bill. When the new bill was introduced in 1969, it received strong bipartisan support from the legislature, the governor's office, and various civic and professional groups. Since the creation of the Department of Youth Services, MCCY has continued to support and monitor implementation of this legislation and the significant changes that are being effected. The new commissioner, for example, is acquiring a national reputation because of his efforts to close down all the large children's institutions and to develop small community-based facilities for delinquent youngsters.

Assessment. A general evaluation of MCCY's work was included in the report of its Joint Advisory Committee on Long Range Planning, issued in 1971. The advisory committee concluded that

> . . . the unique combination of study, planning and mobilization of forces within the state to achieve goals should be carefully maintained. This special quality has marked the work of MCCY and enabled it to win respect as possessing facts and exercising sound judgment as well as demonstrating ability in social action and advocacy.

We would certainly agree with their conclusions. The degree to which MCCY's original structure and methods provided viable means for attaining its goals is indicated by the few internal changes the committee has had to make over the years. It has a record of significant victories for children in the state. And the widespread respect it has earned from political leaders, public officials, professionals, and agency executives also testifies to its effectiveness.

On the other hand, MCCY was undergoing a period of self-evaluation during the time of our study, which indicates a recognition that it may face some changes. We also view this as an indication that MCCY and similar organizations are going through a period of transition. For MCCY this phase was precipitated by the retirement of its chairman, Dr. Martha Eliot, former chief of the Children's Bureau, after ten years of outstanding leadership and accomplishment. However, several other organizations that have also demonstrated great expertise in the area of class advocacy on behalf of children and operate from a similar base of civic, political, and professional power groups, also seem to be in critical phases of organizational development.

One important reason for the current reevaluations of organizations in this category is the fact that, although they have developed the expertise and political connections necessary to accomplish many of their objectives, they have not established mechanisms for ensuring what some observers would call accountability to "consumers" (an obviously unclear concept in this context).[5] Agencies such as MCCY, which move with low public visibility, are now frequently attacked by younger professionals, who have little understanding of their achievements and strategies, and by agency client groups that have a limited voice in the activities. On the other hand, these agencies are now sometimes by-passed by traditional funding sources in favor of "emerging" groups.

Advocacy for children requires the expertise and experience in research, planning, and child development of organizations such as MCCY. It probably cannot forgo the influence with elected officials and public administrators that such groups use so effectively. Groups that are required to represent every point of view in their memberships and to debate all issues and strategies in a public arena could never, for example, accomplish what MCCY did in relation to the creation of the Department of Youth Services. On the other hand, although organizations such as MCCY may see advantages in continuing to operate with low public visibility, they must develop mechanisms for ensuring accountability for their actions, i.e., defining accountability in a manner that is appropriate to their character. This is no easy task because the identity of consumers or constituencies for certain bodies is vague. MCCY could hardly be expected to appoint a board that represents all families who are potentially affected by all programs on which it advocates and still remain an advocacy group. It would then become only a governmental bureau that is responsive to an electorate

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[5] Since no direct personal service is involved, it can be argued that the constituency is the group that unites around shared values and objectives in the committee. The same problem of accountability applies to the Illinois Commission on Children and the Citizens' Committee for Children of New York, although we have not highlighted it in the text.

MCCY is moving in new directions. As a result of the report of its Committee on Long Range Planning, it has asked the governor to reconstitute the committee, appointing a smaller group of approximately forty members who would serve time-limited, overlapping terms. The committee chairman would be authorized to invite citizens throughout the state to serve on panels organized with regard to special fields of interest. The members of these panels could then be asked, individually or jointly on an ad hoc basis, to advise the committee and act on specific issues. This simpler form of organization should allow MCCY to function more efficiently, demand active participation from its members, and involve people representing more and different interests at critical points in time. This type of organizational plan provides the potential for broader community support and participation in the committee's activities—a requirement that has implications in the 1970s which were unrecognized when such groups were launched.

Illinois Commission on Children
Springfield, Illinois

The Illinois Commission on Children is another highly effective state committee on children and youth. Established in 1963 as a statutory commission of the legislature, it functions totally under public auspices, but it has a strong base of citizen support and extensive links to the voluntary sector. The commission was created by combining the existing Governor's Commission on Children and the statutory Commission on Handicapped Children into one organization. It was given the following charge, for which it is accountable to the legislature:

The Commission shall:

(a) Study the needs of all children and assist in planning for the improvement and most effective use of voluntary and tax-supported programs at the state and local levels;

(b) Study programs for children in Illinois and in other states, make reports and advise public and private bodies throughout the state on matters relevant to the protection, growth and development of children;

(c) Assist in the coordination of the administrative responsibility and the services of the State departments and programs as they relate to the well-being of children;

(d) Make recommendations on the needed legislative action on behalf of children;

(e) Promote adequate educational services and training programs for children, including exceptional children, in all parts of the state;

(f) Promote social service and vocational guidance, training, and placement for all children who require them, including exceptional children and those youth who leave school prior to high school graduation, and promote adequate special facilities for children maladjusted to their home surroundings;

(g) Promote adequate provisions throughout the state for diagnosis and treatment of children who may require special medical services; and

(h) Publish such pamphlets and other material as it deems necessary or desirable concerning the work of the Commission and make charge therefor.

Structure. The commission has thirty members, including six members of the legislature (three from each house, two from the majority party and one from the minority); eight heads of state departments related to children; and sixteen public members appointed by the legislature. Two members of the Illinois Council on Youth, a separate organization created by the commission, also sit on the commission as nonvoting members. The entire commission functions as the policy-making body, although a smaller executive committee also meets monthly to expedite its work. In addition to the usual administrative committees, the commission maintains a Committee of State-wide Cooperating Organizations, composed of representatives from sixty-five of the state's major voluntary associations, and county assessment committees, composed of citizen representatives in approximately half the counties, covering the largest population areas of the state. The Committee of State-wide Cooperating Organizations and the county assessment committees make recommendations to the commission regarding community needs and serve a sort of accountability function for the commission. In addition, through these committees the commission is able to collect and disperse information and gain public recognition for its work.

Much of the commission's actual work is carried out by special project committees that are set up to study specific problem areas, make recommendations, and carry out whatever actions are necessary to effect appropriate solutions. For example, in recent years committees have been organized to study such issues as children with hearing impairments, early location and care of handicapped children, children in state correctional institutions, juvenile courts, and the 1970 White House Conference on Children and Youth.

Since the number of actual commission members is small, those who are appointed are generally people who have expertise in a specific field, political clout, and extensive experience. The many subcommittees are used to involve a broader segment of the population in the commission's work and to train people who might later be appointed as members of the commission. An attempt is also being made to inform a broad cross section of the population, including consumers, about the commission's activities and to give them adequate opportunity to contribute.

The commission receives an annual appropriation from the legislature of approximately $119,000 and has a professional staff of three and a secretarial staff of five. The executive director, who is a highly skilled and knowledgeable person, provides strong leadership. In addition to staffing the meetings of the commission and the Committee of State-wide Cooperating Organizations, she handles most of the contacts with the governor's office, the judiciary. the legislature, and the major public departments. One of her two staff assistants provides consultation to the county assessment committees and staff assistance to the special project task forces; the other staffs the Council on Youth and assists in the work with the county assessment committees.

The commission accomplishes an amazing volume of work despite its small staff. Much of its mission is carried out by volunteers, working either as members of the commission or as members of subcommittees or task forces. The executive director has managed to convey a great sense of responsibility to the members and expects a high level of productivity from the various task forces. Several members, for example, work almost full time as lobbyists with the legislature, and almost all of the research for the reports the commission publishes is carried out by volunteers.

Activities. The work of the commission has three major aspects: (1) studying the needs of children in the state and making recommendations for action, (2) advising and consulting with public and private bodies about children's needs, and (3) monitoring services to children and the implementation of recommendations made by the commission. The commission does not administer any direct services or demonstration programs, nor does it have formal planning and coordination responsibilities. However, its activities contribute to planning and may result in coordination. The executive director feels strongly that the commission's success is partially due to its capacity to act as an external watchdog and to stay clear of any direct operational responsibilities.

The commission's study function is implemented by various special project committees, which undertake studies in problem areas such as assessment of needs, examination of alternative solutions, and recommendations for future action. To encourage action on the problems identified, committee members are expected to serve until their recommendations have been implemented. The publication of a report is only the first step.

To implement its advisory and consultative role, the commission issues a monthly newsletter, which goes to selected members of the legislature, the public departments and members of their various committees, each local County Assessment Committee, and designated representatives of statewide coordinating organizations. The commission also publishes a legislative "information alert," which contains information on state and federal legislation that requires attention. In addition, the commission's staff provides consultation to the local county assessment committees and to various public agencies and voluntary organizations that request assistance with given problems. Finally, the commission distributes its reports widely to create public awareness of problems and potential solutions.

Much of the commission's monitoring function is concentrated on legislation. For this reason the executive director reviews all legislation introduced, identifies all matters related to children, and asks members to take action whenever necessary. During the last session of the legislature, approximately 6,000 bills were introduced, five hundred of which were identified as requiring the commission's attention. The commission actually took action on approximately 150 bills.

The commission also spends extensive time monitoring the implementation of its recommendations, especially in regard to public bodies. There are no formal monitoring devices, but the commission acts on the request of anyone who brings a matter to its attention. Since commission members are in contact with many different people in the state, they receive information from a wide variety of sources on which they are able to act. For example, the commission was recently involved in a situation regarding the reimbursement of probation officers who were hired under the provisions of the juvenile court act. The reimbursement portion of the act, which was initiated by the commission, requires that the chief judge of the circuit court in each area must certify the vouchers submitted by the counties regarding eligibility and the time commitments of individual probation officers. The executive director heard rumors that the probation officers were not full-time personnel and were not spending 50 percent of their time on juvenile cases, as is required by law. Therefore, she asked the administrative office of the Supreme Court to conduct a careful review of the matter. When the commission was asked to undertake this study, she compiled a complete report, presented it to the administrator of the Supreme Court, and recommended that he find some means to enforce compliance with this law.

In monitoring the activities of public bodies, the commission generally gives the responsible official the opportunity to correct the problem situation. But it is made clear that if the matter is not attended to, any other approach or action that proves necessary will be used to achieve compliance.

Some of the commission's past accomplishments include creating a state system of public child welfare services, obtaining authorization for protective child care services and mandatory reporting and follow-up services for abused children, working on a major revision of the juvenile court code, establishing a mandatory special education program, obtaining minimum standards for probation officers, developing a program for the education of children of migrant workers and a system of licensing and regulating migrant housing, and establishing a program for the screening and early detection of children with impaired hearing.

The Illinois Commission on Children is responsible for all children in the state who are under the age of 21. It does not establish any long-range objectives for its advocacy, preferring to move into any area of need that specifically relates to children and cuts across the interests of more than one agency, department, or professional group. Since the commission is sponsored by and directly accountable to the legislature, it gives priority to legislative matters and attempts to respond to all requests from members of the legislature. However, any resident of the state is free to file a complaint or make a recommendation to the commission. The members decide which activities to undertake on the basis of how severe a particular problem is, their judgment of its importance for priority attention, how it affects their commitment to follow up on earlier projects, and how their financial and staff resources are deployed.

Assessment. This organization seems to provide an excellent example of effective advocacy in the public sector. Major factors in its success seem to be the executive director's strong leadership and the unusual degree of citizen involvement in its activities. In addition, the fact that members of the legislature, heads of the major state departments, and members of the judiciary are all represented on the commission means it has unusual access to all major sources of public policy determination. Finally, the maintenance of county assessment committees, a Committee of Statewide Cooperating Organizations, and a Council on Youth provides the commission with a large amount of public credibility and support.

One of the commission's problems is that it can only deal with a small percentage of the many obvious problems related to children in the state. Since any increase in its size would inevitably lead to a more professionalized organization and a concomitant decrease in the importance of the role citizens play in its activities, additional resources might not lead to a proportionate increase in impact. An alternative approach might be to develop other types of advocacy programs to supplement the activities of this strong state body.

Citizens' Committee for Children of New York

The Citizens' Committee for Children (CCC) is a locally based voluntary organization composed of approximately 160 elected members and a professional staff that fluctuates between five and nine full-time members, plus consultants and short-term research staff.[6]

The committee was organized under the leadership of a member of an influential and wealthy New York family. Other founding members included Eleanor Roosevelt, a leading juvenile court judge, a prominent criminologist, several renowned child psychiatrists, several leading physicians, educators, public officials, and influential and concerned lay people. The purposes of the CCC were defined in the by-laws as follows:

- To promote the well-being and happiness of the children of New York City and as means to that end; [7]
- To conduct, carry on, sponsor and promote studies, researches and investigations with respect to the existence, the causes and the methods of prevention and removal of conditions adverse to the full growth and development of the bodies and minds of the children of New York City;
- To collect, classify, interpret and evaluate facts, principles and procedures relating to any of the foregoing;
- To publish or cause to be published books, pamphlets, magazines, articles, papers or other publications related to, or connected with, any of the foregoing;
- To aid and assist and to work in conjunction and in cooperation with individuals, groups, corporations, organizations, governments and governmental agencies of all kinds lawfully engaged in fostering or attaining any of the foregoing purposes.

The members interpreted these purposes to mean that they had a responsibility to address long-term goals as well as immediate crises and abuses in both the public and private sectors, to apply pressure where it would be most effective, to expose malpractice or inefficiency when necessary, and to support appropriate legislation, programs, and people. To accomplish these objectives, CCC assumed the role of spokesman, researcher, coordinator, and watchdog. In other words, *from its very beginning CCC defined itself explicitly as an advocate for children*, although the term had not yet appeared.

CCC's initial financial support came from gifts from its first chairman, Adele Rosenwald Levy, her family, and other private foundations. Private philanthropy (foundation grants and membership contributions) has continued to be CCC's primary source of support, and significant sums are raised by members through theatre parties and art benefits. To date the committee has refused to accept public grants so that it may maintain its complete independence. (There have been a few minor deviations from this practice in connection with research.) The current annual budget is over $400,000, including funds for special studies relating to child welfare and mothers of mentally ill children.

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[6] The senior author of this study has served as a consultant to CCC for almost twenty-five years.

[7] Later, the charter was revised to cover the state, but New York City is the main locus of activity.

Structure. The committee's work is done by sections, subcommittees, ad hoc committees, and task forces. There are now three major sections: Mental Health, Health, and Children's Rights. Child welfare also receives major attention and is assigned to a task force and several subcommittees. Other sections devoted to education, public affairs, day care, and child welfare services have been organized in the past. There is also a section that provides an Orientation Course to inform influential lay people and professionals about New York City's social welfare scene. In addition, there are several special task forces that deal with problems such as "welfare hotels," detention, probation, community social service reorganization, children in psychiatric hospitals, school health, and ghetto medicine.

The membership of each section is composed of a variety of professionals and lay people. The chairman of each section is a committee member who is a lay or professional specialist in the field. A professional staff member and a secretary are also assigned to each section. In some ways, the sections are relatively autonomous, functioning sometimes as a loosely federated group, but ultimately requiring board approval of major policy. They all have their own styles and are strongly influenced by the interests, initiatives, and leadership of the respective chairmen and staff.

The organization has developed under a leadership triad consisting of a board and board chairman, a president, and an executive director, who develops policy and programs and helps to implement them. Since the committee as a whole has always consisted of an outstanding group of influential and leading citizens from diverse fields and disciplines, the board has encompassed extraordinarily knowledgeable, politically sophisticated, and effective people. The committee's influence has been far greater than its numbers would imply. Current membership on the board includes physicians, lawyers, political leaders, urban experts, educators, social workers, representatives of community groups, and other citizens who have been active in the children's field for many years. As a group, they possess a great deal of clout in both the public and private sectors. In recent years, because of the changing political picture in New York City and the emergence of new ethnic, racial, and community-based political constituencies, their relative influence clearly has diminished somewhat. Even today, the organization continues to possess a high level of credibility among a wide variety of groups, ranging from grass-roots organizations and other local civic reform organizations to political leaders and city, state, and federal governmental bodies. Throughout its history CCC has helped to create and lead or supported coalitions and coordinating groups that have been influential in connection with specific problems or issues.

Traditionally the board's chairman is a professional, and the president is a lay citizen who relates to the committee members and staff on a day-to-day basis in collaboration with the executive director. In general, the committee's initiative and leadership vary, depending on the style and abilities of the individuals filling these positions. But these roles tend to be complementary. The degree to which the president is able to fulfill a complex role has marked influence on the functioning of the entire committee. Staff members, the committee has found, are effective only when they display considerable initiative and autonomy. Weekly staff meetings are held for coordination purposes, and the executive director attends many section and task force meetings.

Activities. CCC's primary concern has been with class advocacy for children. It has intervened effectively at the local service system level as well as at city, state, and federal governmental levels, with executives (e.g., mayors and governors), in administrative agencies, and in the activities of the legislature. The committee's initial focus was to identify gaps within and between public and private services for children and to delineate areas that would cut across the work of all sections, yet provide a concrete focus for the committee. The major work of the committee, then as now, was to do "investigatory" fact finding and research; publish reports and bulletins; establish guidelines; make recommendations about policies and programming; and ensure implementation of these recommendations by personal persuasion, publicity, or (until 1969) lobbying.

The heyday of CCC's pioneering and public leadership was the decade of the 1950s and the first half of the 1960s, although CCC remains a highly influential organization. Its early studies reflected ideas and beliefs that later changed. For example, the committee worked for many years on the assumption that increased money for service, more and better-paid professional staff (who understood child development), and improved physical resources (training schools and institutions) would inevitably lead to improved services for children. Among the early projects were studies and reports on day care, well babies in hospitals, truancy, delinquency, and children's institutions. These and other studies were often influential. As CCC assessed its impact or failures, it modified its methods. Administration, budgets, personnel, and management received more attention, for example. Also, CCC rapidly assumed the role of a "community presence" by monitoring the services and policies of child-serving agencies and eventually by striving to ensure the accountability of such services to the families served.

Given its membership and scope, CCC also has national influence, too, through its publications and participation in conferences as well as its meetings with federal officials. At the federal level in the 1950s, CCC did much to influence the development of the planning and coordinating machinery in the delinquency field. It helped shape thinking about the use of delinquency prediction research. Similarly, during the mid-1960s, in the income maintenance field, CCC organized and promoted a national coalition to develop children's allowances as a national program. It housed the organization, prepared its literature, funded and conducted a conference, issued scholarly material, and produced information that was used in the investigations by the Heinemann Commission and, later, by Senator McGovern.

One major approach developed as an outgrowth of CCC's early recognition that the city's Budget Bureau played an important role in determining social policy. Thus all sections watched budget developments and used budget issues as a focus for action. Staff members in each section analyzed the city's budget proposals each year with reference to implications for the departments with which they were concerned. A consolidated budget analysis was published annually, and dozens of civic groups attended the briefings.[8] Subsequently these civic groups used the materials for public testimony at hearings and for action, as did CCC itself. In later years, less stress was placed on budget work and analysis because of the decreasing importance of local decisions and the growing role of categorical federal funds. For a while, it was felt that local pressure was not effective; budgets often revealed little information and therefore it was thought that energy should be spent on monitoring actual expenditures. Moreover, city-state fiscal crises rendered published budgets virtually meaningless until agreements were reached, often too late for public reaction. For a few years, large numbers of people attended budget hearings, and rhetoric replaced analysis in any case. Currently the committee is considering whether it should revert to the annual budget analysis, which is a valuable action tool and a means of providing valuable technical support to local community groups.

The committee has always monitored appointments to major public posts that affect children (e.g., judges, school superintendents, and the like). However, to maintain its disinterested stance, it adopted the principle of never backing specific individuals. When requested to do so, the committee provides a roster of names from which a qualified person can be picked. Thus it has always felt free to oppose obviously incompetent appointees.

Many of the CCC's actions have not been publicly visible. However, its information, advice, materials, and guidance have always been provided to many public officials and to the media for documentaries on social problems, social issues, magazine articles, and radio programs. In addition, many committee members and staff have participated in panels, news interviews, and press briefings.

In addition to CCC's overall advocacy role, another facet of the organization warrants mention—the weekly Orientation Course. Initiated in 1962 and given at least twice a year since then, the course is designed to expose leading citizens to the problems, needs, and existing resources of New York's agencies, organizations, institutions, and departments that directly or indirectly affect children. Fifteen weeks of all-day field trips and discussions are required of participants. Graduates have been active as volunteers, board members, and staff of various organizations, social agencies, media outlets, and foundations. By visiting various child-caring agencies, program participants also help to implement CCC's monitoring function. In addition, because of their experiences in the program, they are often able to help the committee in fund raising and publicity, too.

Assessment. The committee has undergone few major changes over the years, but the shifts that have occurred reflect the passage of time and some effort to adapt to the changing character of New York City's population and problems. CCC has continued to address many programs for "all the children," but notes that poverty and racism are the city's and state's major priorities. CCC gave early support to the concept of school decentralization and decentralization of services generally. In the health field it has concentrated on the needs of poor and medically indigent children. It has monitored public assistance programs and helped recipients understand and protect their rights. (It publishes widely used manuals in English and Spanish.) At the same time it has continued its long-term interest in mentally ill, retarded, delinquent, and other handicapped children. But it has increasingly stressed the connections among components and has pursued the implications of these connections. In fact, although its original focus was individual agencies and departments, CCC soon recognized that an interrelated network of services and policies had to be developed if children's needs were to be met. Thus its approach has shifted to the need for a community-wide network of services that is accountable to those being served and a comprehensive social policy on behalf of children on all governmental levels. The service system, in turn, requires attention to management capacity, personnel, structures, budgets, and mission.

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[8] Important, although less extensive work has also been done on state budgets.

In 1968, the committee established the Ad Hoc Committee on Goals and Priorities to review the structure and function of the organization and determine its future direction. Recognizing the major changes that had occurred in New York City and the nation since CCC was founded, the Ad Hoc Committee report acknowledged CCC's primary assets of prestige, expertise, and political influence and recommended that the organization remain free from the provision of direct service so that its recommendations would not reflect vested interests. It reaffirmed CCC's major focus on improving the lives of children through investigation, research, and publicity, as well as through continued monitoring of existing services and institutions. It proposed that CCC emphasize the problems of racism and poverty; broaden its membership to include more minority people and people living and working in ghetto communities; continue as a small, lay/professional group that stressed active membership; work with neighborhood groups in an effort to develop new coalitions; attempt to expand consumer inputs to planning and policy development for services; and focus on doing even more work with high-level staff in both state and federal governments while continuing to address City Hall. Its last recommendation concerned structural reorganization, reflecting the fact that some sections had become rigid over the years and more diffuse in their focus. It suggested that ad hoc, short-lived task forces should be used more frequently.

CCC has moved into an era in which there are many groups competing for influence. From the early 1950s through the early 1960s, CCC was probably the most influential group concerned with the situation of children in New York. The mayor turned to it, as did the governor, to ask what citizens and experts knew and wanted in the children's field. Now, because city-wide groups are somewhat more suspect and there are many interest groups competing in the field, political leaders also turn to other organizations. However, CCC has a good record of consultation and technical assistance to many neighborhood groups and is one of the few city-wide groups with considerable credibility in minority communities. Its publicity and data regarding pregnant women's eligibility for Medicaid had considerable impact, and its recent materials about such issues as school lunch and food stamp programs are frequently used by local groups. However, these same groups sometimes see CCC as an "establishment organization" that is made up of affluent do-gooders who neither reflect nor are responsive to community needs.

CCC's efforts to change the composition of its membership has led to active and aggressive recruitment of blacks and Puerto Ricans, but the organization's image has changed only in part, reflecting the widespread transitions and flux in the urban scene everywhere. The committee's executive director of the past twenty-five years has been remarkably effective and has had an extraordinarily strong influence on the organization's policies and programs. However, she recently resigned, and it seems safe to predict that new patterns of activity will evolve as a changing membership and new leadership meet a changing city.

B. Child Advocacy Programs

ALABAMA

Preparation for Parenthood and Early Childhood Development Program, Macon County Board of Education, Tuskegee

ALASKA

Community Coordinated Child Care, Inc., Juneau

ARKANSAS

South End Family Service Agency, Little Rock

CALIFORNIA

Alameda County Mental Health Association — Tri-City Child Advocacy Project, Oakland
California Children's Lobby, Sacramento
Children's Defense Fund, Monterey
Citywide Youth Council of San Francisco, Commission on Human Rights, San Francisco
Community Family Day Care Project, Pasadena
Family Development Center, Family Service Agency of San Francisco
Forum for Youth Services, San Mateo County Department of Health and Welfare, San Mateo
Institute for Child Advocacy, Central City Community Mental Health Center, Los Angeles
Kings County Youth Community Project, Hanford
Operation Early Success, Redwood City
Social Advocates for Youth, San Francisco
Youth Involvement Program, Children's Hospital, Los Angeles

COLORADO

Child Advocacy Coalition, Denver
Child Advocacy Group, Division of Psychiatry, Denver General Hospital, Denver
Children's Laws Section, League of Women Voters of Colorado, Boulder
The Connection, Youth Coalition, Denver
H.O.M.E. Parent and Child Centers, Inc., La Junta

CONNECTICUT

Connecticut Child Advocacy Center, Connecticut Child Welfare Association, Hartford
Family Advocacy Program, Catholic Family Services, Hartford
Family Service of New Haven, Inc., New Haven

FLORIDA

Parent and Child Center/Child Advocacy Project, Jacksonville

GEORGIA

American Friends Service Committee, Southern Regional Office, Atlanta
Athens-Clarke County Coordinated Child Care Program, Athens
Black Child Development Institute, Southern Project, Atlanta
Child Service and Family Counseling Center, Atlanta
Males in Day Care/Project Success Environment, Emory University, Atlanta

HAWAII

Research Demonstration Children's Center, University of Hawaii, Honolulu

ILLINOIS

Illinois Commission on Children, Springfield
Illinois Council of Youth, Springfield

INDIANA

Youth Advocacy Program of St. Joseph County, South Bend

KENTUCKY

Child Advocacy Component, Parent and Child Center, Leitchfield
Community Resources Development Unit, Kentucky Department of Child Welfare, Frankfort
Kentucky Juvenile Defender Program, Kentucky Youth Research Center, Frankfort
Kentucky Commission on Children and Youth, Frankfort
Southeast Caucus for Child Advocacy, Newport

MARYLAND

Martin Luther King, Jr., Parent and Child Advocacy Center, Baltimore
Working Together for Children — A Neighborhood Advocacy System, Prince George's County Public Schools, Upper Marlboro

MASSACHUSETTS

Action for Children's Television, Newton
Child Care Advocate, Department of Mental Health, Division of Children's Services, Boston
Coalition for Children, Newton
Massachusetts Committee on Children and Youth, Boston
Parent and Child Center-Child Advocacy Project, Dorchester

MINNESOTA

Children's Health Center, Inc., Minneapolis
Family and Children's Service, Minneapolis
Minnesota Youth Advocacy Corps, Minnesota State Department of Education, St. Paul
Planning Office, Minnesota Department of Public Welfare, St. Paul

MISSISSIPPI

Tougaloo Community Day Care Center, Tougaloo

MISSOURI

National Juvenile Law Center, St. Louis University School of Law, St. Louis

NEBRASKA

Citizen Advocacy Program, Capitol Association for Retarded Children, Lincoln

NEW HAMPSHIRE

Child and Family Services of New Hampshire, Manchester

NEW JERSEY

Citizen Advocacy Program, Trenton
Youth Services Agency, Newark

NEW MEXICO

Albuquerque Child Advocacy Demonstration, Unified Child Care Association, Albuquerque

NEW YORK

The Center on Human Policy, Syracuse University, Syracuse
Children-In-Crisis Project, Children's Aid Society, Buffalo
Citizens' Committee for Children of New York, New York City
Family Development Research Program, The Children's Center, Syracuse
Family Service Association of Nassau County, Inc., Mineola
Martin Luther King, Jr., Health Center, Community Health Advocacy Department, Montefiore Hospital, New York City
New York State Association for Retarded Children, Inc., New York City
Office of Children's Services, Judicial Conference, New York City
Parent Education in the Pediatric Clinic, Mt. Sinai Hospital School of Medicine, New York City
United Bronx Parents, Inc., New York City
Wiltwyck School for Boys, Inc., Comprehensive Neighborhood Program, New York City

NORTH CAROLINA

Child Advocacy System Project, Morganton (Learning Institute of North Carolina, Durham)
Child Development Program, Winston-Salem
Focus on Optimal Development, Durham City Schools, Durham
Governor's Commission on Child Advocacy, Raleigh
Child Advocacy Center, North Carolina Department of Mental Health, Durham
North Carolina Conference for Social Services, Raleigh
Western Carolina Center, Morganton

OHIO

Center for the Study of Student Citizenship, Rights and Responsibilities, Dayton
Demonstration Project in School Health and Nutrition, Dayton Board of Education, Dayton
Hough Parent and Child Center/Advocacy Component, Cleveland

OREGON

Child Welfare Association of Oregon, Portland
Portland Youth Advocates Runaway Program, Portland

PENNSYLVANIA

Child Advocacy in a Diverse Urban Community, Philadelphia
Philadelphia Urban League Child Advocacy Project, Philadelphia

SOUTH CAROLINA

Health and Nutrition Program, Beaufort County Schools, Beaufort
Youth Service Agency, Rock Hill

TENNESSEE

Citizens Advocacy Project, Tennessee Association for Retarded Children and Adults, Nashville
East Nashville-Caldwell Child Advocacy Project, Nashville
Family and Children's Service, Nashville
West Nashville Youth Service, Nashville

TEXAS

Child Advocacy Committee, Texas Association for Mental Health, Austin
Coordinated Child Care Council of Bexar County, Inc., San Antonio
Demonstration Project in School Health and Nutrition Services, Galveston Independent School District, Galveston
Hidalgo County Community Coordinated Child Care, Inc., Edinburg
Mexican-American Neighborhood Civic Organization Child Advocacy Project, San Antonio
South Austin Child Advocacy Project, Texas Association for Mental Health, Austin

VIRGINIA

Demonstration Project in Health and Nutrition, School Board of the City of Norfolk

WASHINGTON

Holly Park Child Advocacy Demonstration Project, Seattle
Youth Advocates, Seattle

WEST VIRGINIA

Parent and Child Center Program, Southwestern Community Action Council, Inc., Huntington

WISCONSIN

Child-Adolescent Services Program, Wisconsin Association for Mental Health, Madison
Dane County Mental Health Association, Madison
Freedom House, Madison
Governor's Committee on Children and Youth, Madison
Innovative Youth Services of Racine, Inc., Racine
Parent ACT (Advocates for Children Today), Milwaukee Mental Health Association, Milwaukee
Pathfinders, Milwaukee
Rock County Learning Disability Association, Janesville
Young World Development, Madison

NATIONAL ORGANIZATIONS

American Parents' Committee, Inc., Washington, D.C.
Children's Lobby, New York City
Children's Foundation, Washington, D.C.
Child Welfare League of America, New York City
Crusade Against Hunger, National Council of Churches, New York City
Day Care and Child Development Council of America, Washington, D.C.

National Committee for Children and Youth, Washington, D.C.
National Welfare Rights Organization, Washington, D.C.
Robert F. Kennedy Fellows Program for the Rights of Children, Washington, D.C.
Youth Organizations United, Washington, D.C.

C. Reading List on Child Advocacy

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